FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

		al REPO 1 996	RT 💮	Secretary of State DIVISION OF CORPORATIONS			DNS				
Ĺ	OCUN Corporation	/ENT	¢ 732248	3 (0)				7			
٠.			MENT CHURCH (OF BRANDON, INC.							
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Pr	incipal Place	of Business	- 4.0	Mailing Address					MII MIMII MIMII MIMIE MI	731 BIBI) BE))(183)
913 DEWBLOOM ROAD BRANDON FL 33511				913 DEWBLOOM ROAD BRANDON FL 33511							
								3. Date Incorporated or Qualified 03/24/1975	3a. Date of La 06/21,		
2 21	Principal Pla	ice of Busines	S	2a. Mailing Address 26				4. FEI Number 59-1943462		Applied Not Ap	l For plicable
22	Suite, Apt. #	, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	1 1	75 Addit se Require	
23	City & State			City & State				Election Campaign Financing Trust Fund Contribution		.00 May	
	<u>I</u> Zip I		Country	Zip 29	Cou 30	ntry		8. This corporation has liability for in	itangible tax under	s. 199.0	32,
24	l		5 and Address of Current		[30]			10. Name and Address of New Re			
						81	Name				
THRASHER, FINOUS 913 DEWBLOOM RD BRANDON FL 33511						82	Street Add	dress (P.O. Box Number is Not Acceptable	e)		
						83					
						03					
						84	City		FL 85	Zip Code	,
1	1. Pursuant to	o the provisio	ns of Sections 617.0502	and 617.1508, Florida Statutes	s, the abo	ve ·r	named corpo	pration submits this statement for the purp	ose of changing i	s register	ed office
	or registers	ad agent or b	with lin the State of Floric	da. Such change was authorized ion 617.0503, Florida Statutes.	d by the d	orp	ioration's boa	ard of directors. I hereby accept the appo	intment as register	ed agent.	. i am
S	IGNATURE	Rev	Finous	Thursher V.				ev. FINOUS THRASH	ER 1/2	1/96	<u>, </u>
		Signature, typed o	printed name of registered agent	<u> </u>	E Registered	Ager	nt signature requiri	ed when reinstating) ADDITIONS/CHANGES TO OFFI	DATE /	TORS IN	12
-	2. TLE	TD	OFFICERS AND	DIRECTORS	1.1 11	TLE		ADDITIONS/OFFINGES TO CITE	Chang		Addition
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	IREET ADDRESS		BLOOM RD		1.3 S	FREEI	r address				
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1 9	TREET ADDRESS				635	TREE	T ADDRESS				

STREET ADDRESS

CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. SIGNATURE: Les Junara Thrasher UP. DIR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR FINOUS THER SHER 813681 1454

CR2E037 (12/95)