FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # N

1. Corporation Name

Principal Place of Business

1118 N. PARSONS AVE

P.O.BOX 1518

N13795

(2)

Mailing Address
1118 N. PARSONS AVE

P.O.BOX 1518

FAITH BAPTIST CHURCH OF BRANDON, INC.

US 33510					US US					3.		porated or Quality 2/1986	fied 3a. D	ate of Last 05/01/1	
2. Principal Pla	ncipal Place of Business				2a. Mailing Address					4.	4. FEI Number 59-3122077				Applied For
21						26					59-3	122077			Not Applicable
Suite, Apt. #, etc.					Suite, Apt. #, etc.					6	Cortificate	of Status Desired	. Z		Additional
22					27						Certificate	Ur Status Desiret		Fee I	Required
City & State					City & State					6.	. Election Ca	ampaign Financi	ng	\$5.0	О Мау Ве
23					28					1.	Trust Fund	Contribution			d to Fees
Zip			Country		Žip Cou			ıntry	ntry		This corpo	ration has liabilit	y for intangible	tax under	s. 199.032,
24		25		29	30					Florida Statutes Yes No					
	9, Name	and	Address of Curre	nt Reg	Registered Agent					10. Name and Address of New Registered Agent					
								81	Name						
BEANUL			82 Street Addre			A alakana (l	D.O. Day No	mbas la Mat Aca							
reynolds, Henry E. 804 Tarawood Lane					62 Street Ad				Address (i	ddress (P.O. Box Number is Not Acceptable)					
1			1		87			83	 						
VALRICO FL 33594					1			L							
i								84	City				FL	85 Zir	Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered															
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.															
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) OATE															
12.	cognition 1754		OFFICERS AN			(140)	13.	, , , , , , , , , , , , , , , , , , ,	an vigitaloro			CHANGES TO		D DIRECTO	ORS IN 12
TITLE	D					DELETE	1.1 T	ITLE		l				Change	
NAME	_	ו הפ	RICHARD		1.2 h					ļ					
NAME DIFILIPPO, RICHARD STREET ADDRESS 307 N LENNA					1.3 STREET /			r annuree							
l -										٠.,					
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i (D	D0	ODICENT			DECERE		ł		}				CT CHAINE	Z Zankion
NAME			, GRIFFIN L.				2.2 N	B							
STREET ADDRESS	1122 TI				2.3 \$			PEET	ADDRESS	ļ					
CITY - ST - ZIP	SEFFNE	RF	<u>L</u>			<u> </u>	2.4		ST-ZIP						
TITL E	D					DELETE	3.11	E		ĺ				LI Change	Addition
NAME	PAYNE,						3.2	ÆΕ							
STREET ADDRESS			MARIE DR		3.3			EET	T ADDRESS						
CITY-ST-ZIP	SEFFNE	<u>R F</u>	<u>L</u>				3.4.	-	\$T-ZIP	ĺ					
TITLE	D					DELETE	4.1	F						Change	Addition
NAME	HAMPT	ON,	JOEY				- 4	۱E							
STREET ADDRESS	3622 W	00	DHILL CT				4.3	E	T ADDRESS	1					
CITY-ST-ZIP	BRAND	ON I	FL				14	.	ST-ZIP	1					
TITLE						DELETE	5.1			D				Change	Addition
NAME							5.2	E		Paul	Jorda	in 1 Street	•		
STREET ADDRESS							5.3	F.	T ADDRESS	1412	Rowel	1 Street			
CITY-ST-ZIP							5,4		SY-21P	Reas	lon F	L 33510			
TITLE						DELETE	6.1		37-64	O' a/k	40/1			Change	Addition
NAME							6.21	E							
!!									T ADDRESS						
STREET ADDRESS							6.3 9			1					
CITY-ST-ZIP	w Carlify the	at the	information supplie	ed with	this filips	dose not evol	6.4 C	_	ST-ZIP	tated in S	ection 110 O	7(3)(i), Florida Si	tatutae (urth	or cortifu th	et the
information	n indicated	on th	his annual report or	supple	mental a	nnual report is t	rue and	₽ co	urate and	that my s	signature sha	Il have the same	e legal effect a	ıs if made u	inder cath; that
			of the corporation o ock 13 if changed, i					Tec	cute this i	report as r	equired by (inapter 617, Flo	rida Statutes;	and that my	y name

SIGNATURE: Danely M

MATURE AND TYPED OR PRINTED NAME OF BIGHING OFFICER OF DIRECTOR

1/30/97

Daytime Phone # 0045341

FILED

May 16 1997 8:00am

Secretary of State