2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Mar 23, 2005 08:00 AM Secretary of State DOCUMENT # N13795 1. Entity Name FAITH BAPTIST CHURCH OF BRANDON, INC. Principal Place of Business Mailing Address 1118 N. PARSONS AVE 1118 N. PARSONS AVE BRANDON, FL 33510 BRANDON, FL 33511 US CR2E037 (10/03) 01132005 No Chg-NP DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3122077 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent REYNOLDS, HENRY E. DO NOT WRITE 1118 N. PARSONS AVE BRANDON, FL 33510 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Filing Fee is \$61.25 **\$5.00** May Be Due by May 1, 2005 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME WATERS, MARK STREET ADDRESS 4807 LYNN OAKS CIR CITY-ST-ZIP DOVER, FL 33527 TIT: F U000000273**93**0 NOETTL, DAN NAME 03/23/05-80048-004,70.00 STREET ADDRESS 4719 BLOOMINGDALE AVE. Crity-ST-ZIP VALRICO, FL 33594 3 1517 NAME STWAN, JERRY STREET ADDRESS 1103 S TAYLOR RD DO NOT WRITE CITY-ST-ZIP SEFFNER, FL 33584 IN THIS SPACE TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

INTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED