2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 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 BRANDON, FL 33510 US	1118 N. PARSONS AVE BRANDON, FL 33511 US

01262006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
59-3122077
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

REYNOLDS, HENRY E.
1118 N. PARSONS AVE
BRANDON, FL 33510

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WATERS, MARK
STREET ADDRESS	4807 LYNN OAKS CIR
CITY-ST-ZIP	DOVER, FL 33527
TITLE	D
NAME	NOETTL, DAN
STREET ADDRESS	4719 BLOOMINGDALE AVE.
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	D
NAME	STWAN, JERRY
STREET ADDRESS	1103 S TAYLOR RD
CITY-ST-ZIP	SEFFNER, FL 33584
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/11/06-80047-012 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #