

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90238 042 *****70.00

DOCUMENT # N13795

1. Entity Name

FAITH BAPTIST CHURCH OF BRANDON, INC.



Principal Place of Business

**1118 N. PARSONS AVE
BRANDON FL 33510
US**

Mailing Address

**1118 N. PARSONS AVE
BRANDON FL 33511
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing ☐ Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **WATERS, MARK**
STREET ADDRESS **5102 MILEY RD.**
CITY-ST-ZIP **PLANT CITY FL 33565**

TITLE **D** ☐ Delete
NAME **NOETTL, DAN**
STREET ADDRESS **4719 BLOOMINGDALE AVE.**
CITY-ST-ZIP **VALRICO FL 33594**

TITLE **D** ☒ Delete
NAME **GARVER, CHAD**
STREET ADDRESS **10514 MOODY ROAD**
CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE **D** ☐ Delete
NAME **STWAN, JERRY**
STREET ADDRESS **1103 S. TAYLOR ROAD**
CITY-ST-ZIP **SEFFNER FL 33584**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4807 LYNN OAKS CIRCLE**
CITY-ST-ZIP **DOVER FL 33527**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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.

SIGNATURE:

FILED

4-28-2003

813-654-0886

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)