FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DÉPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name N15981 (6)

BRANDON CHRISTIAN FELLOWSHIP, INC.

	ON ONNOTHIN FEEDING	<i>in</i> ; iii.						
Principal Place of Business		Mailing Address						
207 ROSIER ROAD P O BOX 1684 BRANDON FL 33509-1684		207 ROSIER ROAD P O BOX 1684 BRANDON FL 33509-1684						
U\$		U\$			3. Date Incorporated or Qualified 07/22/1986		ate of Last F 05/01/19	
Principal Place of Business Total		2a. Mailing Address 26			4. FEI Number 59-2724159	Applied For Not Applicable		
Suite, Apt. #, etc.		Suite. Apt. #, etc		5. Certificate of Status Desired	×	\$8.75	Additional Required	
City & State		City & State		Election Campaign Financing Trust Fund Contribution			D May Be	
Zip Country 25		Zip	Zip Country 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes 🖾 No			
- 1 	9. Name and Address of Curre				10. Name and Address of New			
			81	Name		-		
SHANN(ON, RICHARD J.		82	Stroot Addr	results O. Box Number is Not Accepta	able)		-
554 ROBIN HILL CIRCLE			0.	4001	ess (9.0. Box Number is Not Accepta	ioloj		
BRANDO	N FL 33510		83					
			84	Cilv			85 Zip	Code
				CILYBRA	NOON	FL	. 33	571-7758
or reaster	to the provisions of Sections 617,050; red agent, or both, in the State of Flori th, and accept the obligations of, Sec	ida. Such channe was authorized	, the above r d by the corp		ation submits this stalement for the pund of directors. I hereby accept the app	urpose of cha pointment as	nging its re registered	egistered office agent. I am
SIGNATURE								
12.	Signature, typed or printed name of registered agen	candide itangle able (NOTE ID DIRECTORS	· · · ·	r signarure requiro	1 when reinstating	DATE		
TITLE	PD OF FIGERS AN	DELETE	13.		ADD TIONS/CHANGES TO OF	~~*	Change	RS IN 12
NAME	SHANNON, RICHARD J.	Прессте	1.2 NAME			3	≰) Griangs	☐ X03@001
STREET ADORESS	554 ROBIN HILL CIRCLE		13 STREET	Annesse (4001 ALAFIA BLV	'D		İ
CITY-S1-ZIP	BRANDON FL		14 CIFY - S	1 710	BRANDON, FL		335//	1-7758
TIFLE	TD	DELETE	2 1 1/1LF	1-11	7		Change	Addition
NAME	SPRADLING, TRENTON L.		2.2 NAME			_		
STREET ADDRESS	2110 JOHN MOORE RD.		2 3 STREET	ADDRESS				
CITY - ST - ZIP	Brandon Fl		2 4 CITY 5	17-7.P				
TITLE	SD	DELETE	3.1 PILE			<u>_</u>	Change	Addition
NAME	shannon, Elizabeth T.		3.2 NAME	İ				
STREET ADDRESS	554 ROBIN HILL CIRCLE		3.3 STREET	ADDRESS	4001 ALAFIA BLA. BRANDON, FR	D		
CITY - ST - ZIP	BRANDON FL		3 4. City - 9	I - ZIP	BRANDON, FC		33511	-7258
TITLE		☐ DELE1E	4.1 TITLE				Change	☐ Addition
NAME			4 2 NAME					
STREET ADDRESS			4 3 STREET	ADDRESS				
CITY-ST-ZIP		The state	4.4 CITY - S	I - ZIP				
TITLE		☐ DELET E	5 1 TITLE			[Change	Addition
NAME CARCEL ARROSON			5 2 NAME					
STREET ADDRESS			5 3 STREET					
C:TY-ST-ZIP TITLE		DELETE	5 4 CITY - S	1-2IP	W./L.		T Channa	[T] Add too
NAME		Прин	6.1 TILE			L	Change	Addition
			6.2 NAME	4DODGGG				
STREET ADDRESS CITY-ST-ZIP			6.3 STREET					
	y certify that the information supplied	with this filing is voluntarily furnish	6.4 CITY - S hed and does	not qualify for	or the exemption stated in Section 119	9.07(3)(k). Flo	rida Statute	es. 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 12 or Block 12 or on an attachment with an address Kickered S) SIGNATURE:

KICHALL SHE SHE SERVING OFFICER OF DIRECTOR

2-24-96

813681-5444 Daytime Prione #