

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90027 024 ****70.00

DOCUMENT # N15981

1. Entity Name

BRANDON CHRISTIAN FELLOWSHIP, INC.

Principal Place of Business

Mailing Address

207 ROSIER ROAD
 P O BOX 1684
 BRANDON FL 33509-1684
 US

207 ROSIER ROAD
 P O BOX 1684
 BRANDON FL 33509-1684
 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

59-2724159

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHANNON, RICHARD J.
 4001 ALAFIA BLVD
 BRANDON FL ~~33511~~ 33511-7758

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.

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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	SHANNON, RICHARD J.	
STREET ADDRESS	4001 ALFIA BLVD	
CITY-ST-ZIP	BRANDON FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SPRADLING, TRENTON L.	
STREET ADDRESS	2110 JOHN MOORE RD.	
CITY-ST-ZIP	BRANDON FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SHANNON, ELIZABETH T.	
STREET ADDRESS	4001 ALAFIA BLVD	
CITY-ST-ZIP	BRANDON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: RICHARD J. SHANNON, PRES. 3/25/00 813-681-5444
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)