


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90146 024 *****70.00

DOCUMENT # N15981 1. Entity Name BRANDON CHRISTIAN FELLOWSHIP, INC.	
---	---

Principal Place of Business 207 ROSIER ROAD P O BOX 1684 BRANDON FL 33509-1684 US	Mailing Address 207 ROSIER ROAD P O BOX 1684 BRANDON FL 33509-1684 US
---	---



2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------

4. FEI Number 59-2724159	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SHANNON, RICHARD J. 1426 EMERALD HILL WAY VALRICO FL 33594	7. Name and Address of New Registered Agent
--	---

Name Shannon, Richard J.	Street Address (P.O. Box Number is Not Acceptable) 713 Isleton Dr
City Brandon	State FL
Zip Code 33511-8906	

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: *Richard J. Shannon* **RICHARD J. SHANNON** 03/18/07

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 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State
--	--	--

10. OFFICERS AND DIRECTORS	
TITLE: PD NAME: SHANNON, RICHARD J. STREET ADDRESS: 1426 EMERALD HILL WAY CITY- ST- ZIP: VALRICO FL 33594	<input type="checkbox"/> Delete
TITLE: TD NAME: SPRADLING, TRENTON L. STREET ADDRESS: 2874 CONCH HOLLOW DR CITY- ST- ZIP: BRANDON FL 33511	<input type="checkbox"/> Delete
TITLE: SD NAME: SHANNON, ELIZABETH T. STREET ADDRESS: 1426 EMERALD HILL WAY CITY- ST- ZIP: VALRICO FL 33594	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY- ST- ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY- ST- ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY- ST- ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: Shannon, Richard J. STREET ADDRESS: 713 Isleton Dr CITY- ST- ZIP: Brandon, FL 33511-8906	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY- ST- ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: Shannon, Elizabeth T. STREET ADDRESS: 713 ISLETON DR CITY- ST- ZIP: Brandon FL 33511-8906	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY- ST- ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY- ST- ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY- ST- ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Richard J. Shannon* **RICHARD J. SHANNON** 03/18/07 (813) 681-5444

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