

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

**NONPROFIT CORPORATION ANNUAL REPORT 1996**



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N28106 (5)**  
 1. Corporation Name

**SOUTH BRANDON BAPTIST CHURCH, INC.**



Principal Place of Business: **% AL BROWDER 4929 BELL SHOALS RD. VALRICO FL 33594**  
 Mailing Address: **% AL BROWDER 4929 BELL SHOALS RD. VALRICO FL 33594**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/29/1988</b>	3a. Date of Last Report <b>01/24/1995</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-2905564</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>LABRECQUE, ROBERT</b> <b>757 ISLETON DR</b> <b>BRANDON FL 33311</b>				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>"T" Bob McFAIL</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FAUNTLEROY, MONROE</b>	1.2 NAME	
STREET ADDRESS	<b>3910 BROOMSEDGE DR</b>	1.3 STREET ADDRESS	<b>12114 Timberlake Rd.</b>
CITY-ST-ZIP	<b>VALRICO FL</b>	1.4 CITY-ST-ZIP	<b>Riverview FL 33569</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PORTER, RON</b>	2.2 NAME	
STREET ADDRESS	<b>2609 DRUMWOOD PLACE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VALRICO FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>TS</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MELOVICH, JANIS</b>	3.2 NAME	
STREET ADDRESS	<b>15505 BOYETTE RD.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>RIVERVIEW FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCKINNEY, LOUISE</b>	4.2 NAME	<b>900001891749</b>
STREET ADDRESS	<b>1403 VALLEY PLACE</b>	4.3 STREET ADDRESS	<b>-07/12/96--01012--021</b>
CITY-ST-ZIP	<b>BRANDON FL</b>	4.4 CITY-ST-ZIP	<b>***61.25</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. 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 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **6/11/96** (813) 681-1045  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Janis & Melvich** Daytime Phone #

CR2E037 (3/96)