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Feb 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

Mailing Address

% AL BROWDER
4929 BELL SHOALS RD.
VALRICO FL 33594

% AL BROWDER
4929 BELL SHOALS RD.
VALRICO FL 33594-7108

3. Date Incorporated or Qualified
08/29/1988

3a. Date of Last Report
07/11/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-2905564

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LABRECQUE, ROBERT
757 ISLETON DR
BRANDON FL 33311

81 Name

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

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P DELETE
NAME FAUNTLEROY, MONROE
STREET ADDRESS 3910 BROOMSEDGE DR
CITY-ST-ZIP VALRICO FL

1.1 TITLE
1.2 NAME T
1.3 STREET ADDRESS Mantha White
1.4 CITY-ST-ZIP 12301 Hucklebenny Ct.
Riverview, FL 33569 Change Addition

TITLE T DELETE
NAME PORTER, RON
STREET ADDRESS 2609 DRUMWOOD PLACE
CITY-ST-ZIP VALRICO FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP Change Addition

TITLE TS DELETE
NAME MELOVICH, JANIS
STREET ADDRESS 15505 BOYETTE RD.
CITY-ST-ZIP RIVERVIEW FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE T DELETE
NAME MCKINNEY, LOUISE
STREET ADDRESS 1403 VALLEY PLACE
CITY-ST-ZIP BRANDON FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE T DELETE
NAME MCFAIL, BOB
STREET ADDRESS 12114 TIMBERLAKE RD.
CITY-ST-ZIP RIVERVIEW FL 33569

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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:

Janis Melovich
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Janis Melovich
Treasurer

Date

1/28/97

Daytime Phone # 202-272-2222

CR2E037 (9/96)