

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 08/29/1988	Applied For Not Applicable
4. FEI Number 59-2905564	

21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.
23. City & State	24. City & State
25. Zip Country	26. Zip Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**LABRECQUE, ROBERT
757 ISLETON DR
BRANDON FL 33311**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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: **ROBERT G. LABRECQUE** *Robert G. Labrecque* **2/11/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	P	<input type="checkbox"/>
NAME	FAUNTLEROY, MONROE	
STREET ADDRESS	3910 BROOMSEGE DR	
CITY-ST-ZIP	VALRICO FL	
TITLE	T	<input type="checkbox"/>
NAME	PORTER, RON	
STREET ADDRESS	2809 DRUMWOOD PLACE	
CITY-ST-ZIP	VALRICO FL	
TITLE	TS	<input checked="" type="checkbox"/>
NAME	MELOVICH, JANIS	
STREET ADDRESS	15505 BOYETTE RD.	
CITY-ST-ZIP	RIVERVIEW FL	
TITLE	T	<input type="checkbox"/>
NAME	WHITE, MARTHA	
STREET ADDRESS	12301 HUCKLEBERRY CT	
CITY-ST-ZIP	RIVERVIEW FL	
TITLE	T	<input type="checkbox"/>
NAME	MCFAIL, BOB	
STREET ADDRESS	12114 TIMBERLAKE RD.	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	S	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	Smith-Nakamine, Laura		
3.3 STREET ADDRESS	13914 Raulerson Rd.		
3.4 CITY-ST-ZIP	Riverview, FL 33569		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. 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 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: *W...* **813**
2/12/98 6:09-11:21

CR2E037 (10/97)