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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N28106

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 % LEN HARPER

26 % LEN HARPER

08/29/1988

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22 4929 BELLSHOALS RD.

27 4929 BELL SHOALS RD

59-2905564

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 VALRICO, FL

28 VALRICO, FL

Zip Country

Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 33594 25 USA

29 33594 30 USA

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 PRES. Change Addition
 1.2 NAME LEE HOLLAND
 1.3 STREET ADDRESS 3309 LAS BRISAS DR.
 1.4 CITY-ST-ZIP RIVERVIEW, FL 33569

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

2.1 TITLE TRUSTEE Change Addition
 2.2 NAME BILL HUNZIKER
 2.3 STREET ADDRESS 16154 BOYETTE RD.
 2.4 CITY-ST-ZIP RIVERVIEW, FL 33569

TITLE S DELETE
 NAME SMITH-NAKAMINE, LAURA
 STREET ADDRESS 13914 RAULERSON RD
 CITY-ST-ZIP RIVERVIEW FL 33569

3.1 TITLE SECRETARY Change Addition
 3.2 NAME LAURA MATHIS
 3.3 STREET ADDRESS 13914 RAULERSON RD.
 3.4 CITY-ST-ZIP RIVERVIEW, FL 33569

TITLE T DELETE
 NAME WHITE, MARTHA
 STREET ADDRESS 12301 HUCKLEBERRY CT
 CITY-ST-ZIP RIVERVIEW FL

4.1 TITLE TRUSTEE Change Addition
 4.2 NAME ELAINE KNIGHT
 4.3 STREET ADDRESS 12844 TALLWOOD DR.
 4.4 CITY-ST-ZIP RIVERVIEW, FL 33569

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 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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

3/7/99 813-661-2273

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

004936

CR2E037-(41/98)