

# 2002 UNIFORM BUSINESS REPORT (UBR)

0001547

DOCUMENT # **N28106**

1. Entity Name

**SOUTH BRANDON BAPTIST CHURCH, INC.**

FILED

03 APR 15 AM 8:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

C/O LEN HARPER  
4929 BELL SHOALS ROAD  
VALRICO FL 33594  
US

C/O LEN HARPER  
4929 BELL SHOALS ROAD  
VALRICO FL 33594  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2905564**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ACKERMAN, KEN**  
**502 BAHIA BEACH BLVD. #32A**  
**RUSKIN FL 33570**

Name

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

City

**FL**

Zip Code

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.

SIGNATURE

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**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP  
**TD HOLLAND, LEE**  
**3309 LAS BRISAS DRIVE**  
**RIVERVIEW FL 33569**

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP  
**TD Michael Taflinger**  
**~~4426~~ 828 Daphne Drive.**  
**Brandon, FL 33511**

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP  
**D KNIGHT, ELAINE**  
**12844 TALLWOOD DR**  
**RIVERVIEW FL 33569**

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP  
**CDJ Kenneth Ackerman**  
**5313 Laurel Pointe Dr.**  
**Valrico, FL 33594**

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP  
**D RILEY, CAL**  
**10109 TARRAGOR DR**  
**RIVERVIEW FL 33569**

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP  
**D Russ Shepard**  
**3502 Bulkboard Lane**  
**Brandon, FL 33511**

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP  
**800016229528**  
**04/18/03--01007--001 \*\*61.25**

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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:

*Ken Ackerman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-1-02 813 661-2273

Date Daytime Phone #

CFR2E037 (9/01)