

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 702054 (8)**  
1. Corporation Name  
**BELL SHOALS BAPTIST CHURCH OF BRANDON, INC.**



Principal Place of Business  
**2102 BELL SHOALS RD.  
BRANDON FL 33511**

Mailing Address  
**2102 BELL SHOALS RD.  
BRANDON FL 33511**

3. Date Incorporated or Qualified  
**02/23/1961**

3a. Date of Last Report  
**03/08/1995**

4. FEI Number  
**59-1320590**

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

2. Principal Place of Business  
**21**

2a. Mailing Address  
**26**

Suite, Apt. #, etc.  
**22**

Suite, Apt. #, etc.  
**27**

City & State  
**23**

City & State  
**28**

Zip  
**24**

Country  
**25**

Zip  
**29**

Country  
**30**

## 9. Name and Address of Current Registered Agent

**DOOZAN, CARL  
822 OVERHILL DR.  
BRANDON FL 33511**

## 10. Name and Address of New Registered Agent

81 Name  
**HENDERSON, MATTHEW**

82 Street Address (P.O. Box Number is Not Acceptable)  
**402 S. BRYAN CIRCLE**

83

84 City  
**BRANDON FL**

85 Zip Code  
**33594**

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 617.0502, Florida Statutes.

SIGNATURE

*[Signature]*

**2-18-96**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DOOZEN, CARL</b>	
STREET ADDRESS	<b>822 OVERHILL DR.</b>	
CITY-ST-ZIP	<b>BRANDON FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>WILLIAMS, JAMES</b>	
STREET ADDRESS	<b>1114 W PENINSULAR ST</b>	
CITY-ST-ZIP	<b>TAMPA F</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>HENDERSON, MATTHEW</b>	
STREET ADDRESS	<b>3801 SUNNYBANK DR</b>	
CITY-ST-ZIP	<b>VALRICO FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>SUTTER, JACK</b>	
STREET ADDRESS	<b>913 ACADEMY DR</b>	
CITY-ST-ZIP	<b>BRANDON FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>RICHBOURG, LARRY</b>	
STREET ADDRESS	<b>504 ROBIN HILL CR</b>	
CITY-ST-ZIP	<b>BRANDON FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>GUNN, DONALD</b>	
STREET ADDRESS	<b>1002 S MT CARMEL RD</b>	
CITY-ST-ZIP	<b>BRANDON FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>TRUSTEE (DIRECTOR)</b>
2.3 STREET ADDRESS	<b>JACK ROBERTS</b>
2.4 CITY-ST-ZIP	<b>2505 BRIMHOLLOW DR.</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>VALRICO FL 33594</b>
3.3 STREET ADDRESS	<b>TREASURER, CHAIRMAN</b>
3.4 CITY-ST-ZIP	<b>MATTHEW HENDERSON</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>402 S. BRYAN CIRCLE</b>
4.3 STREET ADDRESS	<b>BRANDON, FL 33594</b>
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-18-96**

Date

**(813) 689-4229**

Daytime Phone #

CR2E037 (12/95)