## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 04 1997 8:00am

Secretary of State

- I YOONY LOON BALOO HABO INKI BODA BAH BIIK BIDY BAH BAHA BAHA BIDH IDDI

## Sandra B. Mortham

Secretary of State ...
DIVISION OF CORPORATIONS

DOCUMENT #

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## THE FIRST BAPTIST CHURCH OF BRANFORD, INC.

							III 388 FIRS HIII 886	
Principal Place of Business Malling Address				f 186fill (Attif Alsae fillet fixite sates eint greit dreit dreit dreit eren eren eren eren eren				
BRANFORD PROFESSIONAL BUILDING BRANFORD PROFESSIONAL			AL BUILDIN	BUILDING				
PLANT AVE.	OF EGGIOTALE GOLDING	PLANT AVE.						
BRANFORD FL	32006	BRANFORD FL 32008				3. Date Incorporated or Qualified	3a. Date of Last	Report
						06/26/1978	03/27/	
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		Applied For
21		26				59-1203217		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	T	Additional
22		(27)						Required
City & State		City & State				6. Election Campaign Financing \$5.00 May Be		
23 Country		Zip Country				Trust Fund Contribution Added to Fees		
Zip	F-1 F-1			or this corporation has hability for manigore tax shoot at 100.002,				
24	25   9. Name and Address of Curren	29	30			Florida Statutes  10. Name and Address of New Reg		
	9. Name and Address of Curren	it vadistolen videlit		81	Name	(U. Name and Address of New Neg	Visitalen Vilalii	
000	101111				Hamb			
SCOTT, JOHN L				82	Street Add	Address (P.O. Box Number is Not Acceptable)		
BRANFORD PROFESSIONAL BUILDING			ŀ	83	<del></del>			
PLANT /				83				
BRANFO	ORD FL 32008		84 City		City	·	FL 85 Zi	p Code
11 Purcuant	to the provisions of Sections 617.060	2 and 617 1508 Florida Statu	toe the sh		-nemed cor	novation submits this statement for the nu		ite registered
office or re	egistered agent, or both, in the State	of Florida. Such change was	authorized	by	the corpora	poration submits this statement for the pation's board of directors. I hereby accep	t the appointment	as registered
agent. i ai	m tamiliar with, and accept the obliga	ations of, Section 617.0503, F	orida Stati	леѕ.	•			
SIGNATURE_	Signature, typed or printed name of registered age	an) and title if annitrable (NO	TE: Banistarad	Aner	nt elanetura senu	ired when reinstating)	DATE	
12.	OFFICERS AN		13.	~~~	K BIGHALOIO FOQUI	ADDITIONS/CHANGES TO OFFIC		DRS IN 12
TITLE	PD	DELETE	1.1 TIT	LĒ	1		<b>★</b> Chang	
NAME	HALL, CARROLL	A	1.2 NA	ME	·	Fletcher, Robert		
STREET ADDRESS	28837 79TH ROAD		1.3 STI	REET		P O Box 408 (N/A)		
CITY - ST - ZIP	BRANFORD FL		1.4 CIT			Branford, FL 32008		
TITLE	SD				7	η   η   η   η   η   η   η   η   η   η		Addition
NAME	MARGUESS, LINDA			ME	F	Frierson, W.D.		
STREET ADDRESS	8549 262ND TERRACE		2.3 ST	REET A		7731 CR 248		
CITY-ST-ZIP	BRANCARD EL		2.4 CF			)'Brien, FL 32071		
TITLE			3.1 TIT	*******	7		★ Chang	e Addition
NAME	GAYLARD, A.W.		3.2 NA	ME	· C	Saylard, A.W.		
STREET ADDRESS	ATTACA ATTACA TO A TO		3.3 ST	REET		27090 37th Road		
CITY-SI-ZIP	BRANFORD FL		3.4. CI	TY-S		Branford, FL 32008		
TITLE	TD	☐ DELETE	4.1 TIT	LE	***************************************	C/T	t Chang	e 🔲 Addition
NAME	PERLOWICH, AARON		4.2 N	ME		Perlowich, Aaron		
STREET ADDRESS	P.O. BOX 111		4.3 STI	REET		30279 73rd Place		
CITY-ST-ZIP	BRANFORD FL		4.4 CIT			Branford, FL 32008		
TITLE	TD	☐ DELETE	5.1 TIT	LE	ī		Chang	B Addition
NAME	MOSES, ODESSA		5.2 NA	ME	N	Moses, Odessa		
STREET ADDRESS	RT 1 BOX 25		5.3 STI	REET		Rt 1, Box 25		
CITY-SI-ZIP	BRANFORD FL		5.4 CIT	Y-\$T		Branford, FL 32008		
TITLE		☐ DELETE	6.1 TIT		7		Chang	Addition
NAME			6.2 NA	ME	1	Sessions, Wallace		
STREET ADDRESS			6.3 ST	REET		23216 Chinquapin R	nad	
1			•		"	ournanten v	~~~	

SIGNATURE: - Complete QUIPLANTON Perlowich 01/21/97 (904) 935-3434

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3); 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 compatition or the receiper 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 it lianged, or or an arachment with an address.