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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **743376**

1. Corporation Name
THE FIRST BAPTIST CHURCH OF BRANFORD, INC.

Principal Place of Business	Mailing Address
BRANFORD PROFESSIONAL BUILDING PLANT AVE. BRANFORD FL 32008	BRANFORD PROFESSIONAL BUILDING PLANT AVE. BRANFORD FL 32008

2. Principal Place of Business 21 503 Suwannee Ave. Suite, Apt. #, etc. 22 City & State 23 Branford, FL Zip / Country 24 32008 25 Suwannee	2a. Mailing Address 26 P O Box 853 Suite, Apt. #, etc. 27 City & State 28 Branford, FL Zip / Country 29 32008 30 Suwannee	3. Date Incorporated or Qualifed 06/26/1978 4. FEI Number 59-1203217 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

SCOTT, JOHN L
BRANFORD PROFESSIONAL BUILDING
PLANT AVE.
BRANFORD FL 32008

10. Name and Address of New Registered Agent

81 Name: SAME
82 Street Address (P.O. Box Number is Not Acceptable): 112 Suwannee Avenue
83
84 City: Branford **FL** 85 Zip Code: 32008

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	FLETCHER, ROBERT		1.2 NAME		
STREET ADDRESS	PO BOX 408 (N/A)		1.3 STREET ADDRESS		
CITY-ST-ZIP	BRANFORD FL		1.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FRIERSON, WD		2.2 NAME		
STREET ADDRESS	7731 CR 248		2.3 STREET ADDRESS		
CITY-ST-ZIP	O'BRIEN FL		2.4 CITY-ST-ZIP		
TITLE	T	XX DELETE	3.1 TITLE	T	☐ Change XX Addition
NAME	GAYLARD, A.W.		3.2 NAME	Kevin Kelley	
STREET ADDRESS	27090 37TH ROAD		3.3 STREET ADDRESS	7701 290th Street	
CITY-ST-ZIP	BRANFORD FL		3.4 CITY-ST-ZIP	Branford, FL 32008	
TITLE	CT	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PERLOWICH, AARON		4.2 NAME		
STREET ADDRESS	30279 73RD PL		4.3 STREET ADDRESS		
CITY-ST-ZIP	BRANFORD FL		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BARNES, DAVID		5.2 NAME		
STREET ADDRESS	PO BOX 131 (N/A)		5.3 STREET ADDRESS		
CITY-ST-ZIP	BRANFORD FL		5.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE X	6.1 TITLE	T	☐ Change XX Addition
NAME	SESSIONS, WALLACE		6.2 NAME	William Walker	
STREET ADDRESS	23216 CHINQUAPIN RD		6.3 STREET ADDRESS	6542 290th Street	
CITY-ST-ZIP	BRANFORD FL		6.4 CITY-ST-ZIP	Branford, FL 32008	

CR2E037 (11/98)

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 REQUIRED 1-11-99 (904)935-3434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #