

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736220

1. Entity Name

BRANDY BRANCH BAPTIST CHURCH, INC.

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90180 026 \*\*\*\*70.00

Principal Place of Business

Mailing Address

BRANDY BRANCH RD  
 RT 1 BOX 396  
 BRYCEVILLE FL 32009  
 US

HORSESHOE CIRCLE  
 RT. 1. BOX 424  
 BRYCEVILLE FL 32009

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7140640

Applied For

Not Applicable

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

BRADDOCK, ROY B  
 RT 1 BOX 432  
 BRYCEVILLE FL 32009

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 ☐ Delete  
 NAME VD  
 STREET ADDRESS BRADDOCK, ROY B  
 CITY-ST-ZIP RT 1 BOX 432  
 BRYCEVILLE FL 32009

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME SD  
 STREET ADDRESS BOYD, HENSON H.  
 CITY-ST-ZIP RT. 1, BOX 555  
 BRYCEVILLE FL

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME VD  
 STREET ADDRESS REEVES, J. MITCHELL  
 CITY-ST-ZIP 409 OSCAR ROAD  
 BALDWIN FL 32234

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME TD  
 STREET ADDRESS TRAVIS, RICHARD  
 CITY-ST-ZIP RT 1 BOX 424  
 BRYCEVILLE FL

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS SESSOMS, RUSSELL  
 CITY-ST-ZIP RT. 1, BOX 16  
 BRYCEVILLE FL

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 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:

*R. Sessoms* 4-24-00 904-778-1434

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)