

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 25, 2001 08:00 AM****Secretary of State****DOCUMENT # 736220****1. Entity Name**

BRANDY BRANCH BAPTIST CHURCH, INC.

Principal Place of BusinessBRANDY BRANCH RD
RT 1 BOX 396
BRYCEVILLE
32009
US

FL

Mailing AddressHORSESHOE CIRCLE
RT. 1, BOX 424
BRYCEVILLE
32009
FL**2. Principal Place of Business**

1096 BRANDY BRANCH CHURCH

3. Mailing Address

6210 HORSESHOE CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BRYCEVILLE FL

City & State

BRYCEVILLE FL

4. FEI Number**23-7140640****Applied For**

Not Applicable

Zip
32009Country
USZip
32009Country
US**5. Certificate of Status Desired**☒**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent**BRADDOCK ROY B
RT 1 BOX 432BRYCEVILLE FL
32009**7. Name and Address of New Registered Agent**Name
BRADDOCK ROY BStreet Address (P.O. Box Number is Not Acceptable)
6400 HORSESHOE CIRCLECity
BRYCEVILLE FL Zip Code
32009**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 _____ **04/25/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

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**

TITLE	D	<input type="checkbox"/> Delete
NAME	SESSOMS, RUSSELL	
STREET ADDRESS	RT. 1, BOX 16	
CITY-ST-ZIP	BRYCEVILLE FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TRAVIS, RICHARD	
STREET ADDRESS	RT 1 BOX 424	
CITY-ST-ZIP	BRYCEVILLE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	REEVES J. MITCHELL	
STREET ADDRESS	409 OSCAR ROAD	
CITY-ST-ZIP	BALDWIN FL 32234	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BOYD, HENSON H.	
STREET ADDRESS	RT. 1, BOX 555	
CITY-ST-ZIP	BRYCEVILLE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BRADDOCK, ROY B	
STREET ADDRESS	RT 1 BOX 432	
CITY-ST-ZIP	BRYCEVILLE FL 32009	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SESSOMS, RUSSELL	
STREET ADDRESS	7701 MOTES ROAD	
CITY-ST-ZIP	BRYCEVILLE FL 32009	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, MARVIN	
STREET ADDRESS	700 OLD ALACHUA TRAIL	
CITY-ST-ZIP	BRYCEVILLE FL 32009	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REEVES J. MITCHELL	
STREET ADDRESS	409 OSCAR ROAD	
CITY-ST-ZIP	BALDWIN FL 32234	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRAVIS, RICHARD A	
STREET ADDRESS	6210 HORSESHOE CIRCLE	
CITY-ST-ZIP	BRYCEVILLE FL 32009	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADDOCK, ROY B	
STREET ADDRESS	6400 HORSESHOE CIRCLE	
CITY-ST-ZIP	BRYCEVILLE FL 32009	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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: RICHARD A TRAVIS

SD

04/25/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Filing Fee #

CR2E037 (11/00)