

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90100 002 ****70.00

DOCUMENT # 702054

1. Entity 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**

50011647



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01142005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-1320590

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**WILLIAMS, JAMES
2943 MINUTEMAN LANE
BRANDON, FL 33511**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
NAME **BRYANT, HOWARD T**
STREET ADDRESS **3618 DELARUA PLACE**
CITY-ST-ZIP **VALRICO, FL 33594**

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

TITLE **SD** ☐ Delete
NAME **WILLIAMS, JAMES**
STREET ADDRESS **2943 MINUTEMAN LANE**
CITY-ST-ZIP **BRANDON, FL 33511**

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

TITLE **D** ☐ Delete
NAME **WHITE, CLIFF**
STREET ADDRESS **2113 ARBOR OAKS DR**
CITY-ST-ZIP **VALRICO, FL 33594**

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

TITLE **CD** ☒ Delete
NAME **GUNN, CHESTER C**
STREET ADDRESS **612 ELAINE DR**
CITY-ST-ZIP **BRANDON, FL 335116137**

TITLE **BRYANT, HOWARD CD** ☒ Change ☐ Addition
NAME **3618 DELARUA PLACE**
STREET ADDRESS **VALRICO, FL 33594**
CITY-ST-ZIP

TITLE **TD** ☒ Delete
NAME **BUSTON, CHRISTIAN**
STREET ADDRESS **2208 EAGLE BLUFF DR.**
CITY-ST-ZIP **VALRICO, FL 33594**

TITLE **TD** ☒ Change ☐ Addition
NAME **BARGE, DEXTER**
STREET ADDRESS **1414 WINDJAMMER PL**
CITY-ST-ZIP **VALRICO, FL 33594**

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:

James O. Williams, Corp. Sec.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-05 813.655.1801

Date

Daytime Phone #