

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90201 049 ****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**

60000776



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042007 Chg-NP CR2E037 (12/06)

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 **DAVID NICHOLSON**
Street Address (P.O. Box Number is Not Acceptable)
15206 Merlinglen PI
City **Lithia** FL Zip Code **33547-3901**

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

David M. Nichols

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

(NOTE: Registered Agent signature required when reinstating)

1/11/07

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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

TITLE **CD** ☐ Change ☒ Addition
NAME **JAMES W. TOWNSEND**
STREET ADDRESS **2512 Culbreath Cove Ct**
CITY-ST-ZIP **VALRICO, FL 33594-6387**

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

TITLE **D** ☐ Change ☒ Addition
NAME **DONALD H. GUNN**
STREET ADDRESS **1002 S. Mt Carmel Rd**
CITY-ST-ZIP **BRANDON, FL 33511-6735**

TITLE **CD** ☒ Delete
NAME **BRYANT, HOWARD**
STREET ADDRESS **3618 DELARNA PL**
CITY-ST-ZIP **VALRICO, FL 33594**

TITLE **D** ☐ Change ☒ Addition
NAME **Thomas T. PERKINS**
STREET ADDRESS **1902 Capri Rd**
CITY-ST-ZIP **Valrico, FL 33594-6710**

TITLE **TD** ☐ Delete
NAME **BARGE, DEXTER**
STREET ADDRESS **1414 WIND JAMMER PL**
CITY-ST-ZIP **VALRICO, FL 33594**

TITLE **SD** ☐ Change ☒ Addition
NAME **DAVID NICHOLSON**
STREET ADDRESS **15206 Merlinglen PI**
CITY-ST-ZIP **Lithia, FL 33547-3901**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **CD** ☐ Change ☒ Addition
NAME **CHRIS BLITSON**
STREET ADDRESS **2208 Eagle Bluff Dr**
CITY-ST-ZIP **VALRICO, FL 33594-7218**

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 exemptions contained in Chapter 119, 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:

David M. Nichols

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/07

Date

Daytime Phone #