

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702054

FILED
Feb 10, 2009
Secretary of State

Entity Name: BELL SHOALS BAPTIST CHURCH OF BRANDON, INC.

Current Principal Place of Business:

2102 BELL SHOALS RD.
BRANDON, FL 33511

New Principal Place of Business:

Current Mailing Address:

2102 BELL SHOALS RD.
BRANDON, FL 33511

New Mailing Address:

FEI Number: 59-1320590

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NICHOLSON, DAVID
15206 MERLINGLEN PL
LITHIA, FL 335473901 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LONG, IRBY D
Address: 3507 COTTON HILL PL
City-St-Zip: VALRICO, FL 33596

Title: D () Delete
Name: GUNN, CHESTER C
Address: 612 ELAINE DRIVE
City-St-Zip: BRANDON, FL 33511

Title: D (X) Delete
Name: PERKINS, THOMAS T
Address: 1902 CAPRI RD
City-St-Zip: VALRICO, FL 33594

Title: TD () Delete
Name: BARGE, DEXTER
Address: 1414 WIND JAMMER PL
City-St-Zip: VALRICO, FL 33594

Title: SD () Delete
Name: NICHOLSON, DAVID
Address: 15206 MERLINGLEN PL
City-St-Zip: LITHIA, FL 33547

Title: DT () Delete
Name: ALLEN, TODD B
Address: 6120 AVOCET RIDGE DRIVE
City-St-Zip: LITHIA, FL 33547

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID NICHOLSON

SD

02/10/2009

Electronic Signature of Signing Officer or Director

Date