

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702943

FILED
Mar 17, 2009
Secretary of State

Entity Name: FIRST PRESBYTERIAN CHURCH OF BRANDON, INCORPORATED

Current Principal Place of Business:

121 CARVER AVENUE
BRANDON, FL 33510

New Principal Place of Business:

Current Mailing Address:

121 CARVER AVENUE
BRANDON, FL 33510

New Mailing Address:

FEI Number: 59-1022399

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANIGAN, BRADLEY O
9606 LAUREL LEDGE DR
RIVERVIEW, FL 33569 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: PD () Delete
Name: BEN, PABST
Address: 22247 WILLOW LAKES DRIVE
City-St-Zip: LUTZ, FL 33549

Title: VD () Delete
Name: CAMPBELL, CONNIE
Address: 117 ASHBROOK DRIVE
City-St-Zip: BRANDON, FL 33511

Title: TD () Delete
Name: NOLTE, EVERETT
Address: 1203 DALZIE DRIVE
City-St-Zip: VALRICO, FL 33594

Title: SD () Delete
Name: OGDEN, PAT
Address: 2219 SUMMIT VIEW DRIVE
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change () Addition
Name: LYONS, CALVIN
Address: 1008 EMERALD CREEK DRIVE
City-St-Zip: VALRICO, FL 33594

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: BEN PABST

PD

03/17/2009

Electronic Signature of Signing Officer or Director

Date