3. Date Incorporated or Qualifed

03/26/1976

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 735403

BETHEL BAPTIST CHURCH OF BRANDON, INC.

Principal Place of Business 1801 SOUTH MILLER ROAD

2. Principal Place of Business

VALRICO FL 33594

Mailing Address

2a. Mailing Address

1801 SOUTH MILLER ROAD VALRICO FL 33594



211	<u> </u>					4		
Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.				4. FEI Number 59-2254021	— — — · · ·	plied For t Applicable
22			27			35 223402 1	\$8.75 A	
City & Si	tate	<u> </u>	City & State			5. Certifcate of Status Desired	Fee Rec	
23	Zip Country Zip			ntry		6 Fleeties Compoint Financing	\$5.00	
Zip	25	29	¬ "			6. Election Campaign Financing Trust Fund Contribution	Added to	
24	9. Name and Address of Current Registered Agent					10. Name and Address of New Regi		
o. Haire and Address of Current Registered Agent				81	Name		<u> </u>	
COLDEN DATE							-	_
GOLDEN, DALE				82	Street Addres	ss (P.O. Box Number is Not Acceptable)	
427 SILVERHILL DR				83		- · · ·		
VALRICO FL 33594								
				84 City FL 85 Zip Code				
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered								
office o	or registered agent, or both, in the State of I am familiar with, and accept the obligat	of Florida. Such change was tions of. Section 617.0503. Fi	authorized Iorida Statu	l by t Jtes.	he corporation	is board of directors. I nereby accept th	e appointment as reg	Jistered
, ·								l
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE		
TITLE	PD	□ DELETE	1.1 TIE	1.1 TITLE			Change	Addition
NAME	GOLDEN, DALE		1.2 NA	ME				
STREET ADDRE	ss 427 SILVERHILL DR		1.3 ST	REET	ADDRESS			}
CITY-ST-ZIP	VALRICO, FL 00000			1.4 CITY-ST-ZIP				
TITLE	D	DELETE			İ	<u>.</u>	Change	Addition
NAME	GREEN, DAVID	, ,	2.2 NA	WE	ŀ			
STREET ADDRE	ss 3906 Northridge Drive	•	2.3 STI	REET.	ADDRESS			
CITY-ST-ZIP	VALRICO FL			2.4 CITY-ST-ZIP				
TITLE	D DELETE			3.1 TITLE			☐ Change	☐ Addition
NAME .	SILL, RONALD	SILL, RONALD		3.2 NAME				
STREET ADDRE	ss 2063 Sarah Louise Dr		3.3 ST	REET	ADDRESS			-
CITY-ST-ZIP	BRANDON FL		3.4. CI	TY-\$T	-ZIP			
TITLE	D	. □ DELETE		4.1 TITLE			Change	Addition
NAME	SMITH, RAYMOND		4. 2 N	AME				
STREET ADDRE			4.3 STI	REET	ADORESS		•	:
CITY-ST-ZIP	LITHIA FL 33547		4.4 CIT	TY-ST	-ZIP			
TITLE	D	☐ DELETE	5.1 TIT				. Change	☐ Addition
NAME	PITTINGER, THOMAS		5.2 NA					
STREET ADDRE	ss 890 Blankenship RD				ADDRESS			
CITY-ST-ZIP	DOVER FL 33527		5.4 CIT		-ZIP			
TITLE	D	☐ DELETE	6.1 TIT				Change	☐ Addition
NAME	SURFUS, THOMAS		6.2 NA		Į			
STREET ADDRE	ss 1023 GREENBRIAR DR		6.3 ST	REET.	ADDRESS			
	DOMINON EL 20544		64 CII	TY-ST	.7IP			

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: