


FILED
Jan 24, 2008 8:00 am
Secretary of State

DOCUMENT # 735521			
1. Entity Name BRUSH ARBOR BAPTIST CHURCH, INC.			
Principal Place of Business 2304 NORTH GOLDENROD ROAD ORLANDO, FL 32807-8597 US		Mailing Address 2304 NORTH GOLDENROD ROAD ORLANDO, FL 32807-8597 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
CREEL, JERRY 2304 NORTH GOLDENROD ROAD ORLANDO, FL 32807-8597		Name	
		Street Address	
		City	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent:			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COON, KATHY 5135 LAZY OAK DR WINTER PARK, FL 32792	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CREEL, JERRY 7613 DELPHIA STREET ORLANDO, FL 32807	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRACEWELL, CHARLES 441 SOUTH DEERWOOD AVE ORLANDO, FL 32825	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, RHETT A 715 FABER DRIVE ORLANDO, FL 32822	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENDERSON, ROSWELL 401 ELM DRIVE CASSELBERRY, FL 32707	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained indicated on this report or supplemental report is true and accurate and that my signature shall have the of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 61 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Jerry Creel</u>		JERRY CREEL	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



01212008 Chg-NP CR2E037 (12/06)

4. FEI Number 51-0189602	Applied For
	Not Applicable

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

CREELE, JERRY
2304 NORTH GOLDENROD ROAD
ORLANDO, FL 32807-8597

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, 2008**

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
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TITLE	S	<input type="checkbox"/> Delete
NAME	COON, KATHY	
STREET ADDRESS	5135 LAZY OAK DR	
CITY - ST - ZIP	WINTER PARK, FL 32792	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Delete
NAME	CREEL, JERRY	
STREET ADDRESS	7613 DELPHIA STREET	
CITY-ST- ZIP	ORLANDO, FL 32807	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST- ZIP	

TITLE	TD	<input type="checkbox"/> Delete
NAME	BRACEWELL, CHARLES	
STREET ADDRESS	441 SOUTH DEERWOOD AVE	
CITY-ST-ZIP	ORLANDO, FL 32825	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST- ZIP	

TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, RHETT A	
STREET ADDRESS	715 FABER DRIVE	
CITY - ST - ZIP	ORLANDO, FL 32822	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST- ZIP	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HENDERSON, ROSWELL	
STREET ADDRESS	401 ELM DRIVE	
CITY - ST - ZIP	CASSELBERRY, FL 32707	

TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COON, STANLEY		
STREET ADDRESS	849 ROYAL PALM DRIVE		
CITY - ST - ZIP	CASSELBERRY, FL 32707		

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

JERRY CREEL

1/21/08

407 678-2284

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____