FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 24 PM 8:24

DOCUMENT # **742522** **(6)**

1. Corporation Name
TRUSTEES OF BRANCHTON BAPTIST CHURCH, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
15310 MORRIS BRIDGE ROAD THONOTOSASSA FL 33592	15310 MORRIS BRIDGE ROAD THONOTOSASSA FL 33592

3. Date Incorporated or Qualified: **04/19/1978**
3a. Date of Last Report: **11/04/1994**
4. FEI Number: **NOT APPLICABLE** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (30)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ROWELL, G I 15499 MORRIS BRIDGE ROAD THONOTOSASSA FL 33592	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	11 TITLE	☐ Change ☐ Addition
NAME	LOWE, MARGARET	12 NAME	
STREET ADDRESS	15405 MORRIS BRIDGE RD	13 STREET ADDRESS	
CITY-ST-ZIP	THONOTOSASSA FL	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	LOWE, PERCY	22 NAME	
STREET ADDRESS	15405 MOPRRIS BRIDGE RD.	23 STREET ADDRESS	
CITY-ST-ZIP	THONOTOSASSA FL	24 CITY-ST-ZIP	
TITLE	P	31 TITLE	☐ Change ☐ Addition
NAME	RICHBURG, JAMES	32 NAME	
STREET ADDRESS	15275 MORRIS BRIDGE RD	33 STREET ADDRESS	
CITY-ST-ZIP	THONOTOSASSA FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	FULFORD, CLARENCE	42 NAME	
STREET ADDRESS	15421 MORRIS BRIDGE RD	43 STREET ADDRESS	
CITY-ST-ZIP	THONOTOSASSA FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	ARNOLD, ROBERTSON F.	52 NAME	
STREET ADDRESS	15425 MORRIS BRIDGE RD	53 STREET ADDRESS	
CITY-ST-ZIP	THONOTOSASSA FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Margaret A Lowe Margaret Lowe, Secretary 5-9-95 $13 986-7421
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

0083084