

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 742522 (6)**  
1. Corporation Name  
**TRUSTEES OF BRANCHTON BAPTIST CHURCH, INC.**



Principal Place of Business  
**15310 MORRIS BRIDGE ROAD  
THONOTOSASSA FL 33592**

Mailing Address  
**15310 MORRIS BRIDGE ROAD  
THONOTOSASSA FL 33592**

3. Date Incorporated or Qualified  
**04/19/1978**

3a. Date of Last Report  
**05/26/1995**

4. FEI Number  
**NOT APPLICABLE**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

## 9. Name and Address of Current Registered Agent

**ROWELL, G I  
15499 MORRIS BRIDGE ROAD  
THONOTOSASSA FL 33592**

## 10. Name and Address of New Registered Agent

81 Name **KRUTSINGER, Steven M.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**15299 Morris Bridge Rd**  
83 City  
**THONOTOSASSA** FL 85 Zip Code  
**33592**

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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Steven M. Krutinger* (NOTE: Registered Agent's signature required when reinstating) DATE **4-27-96**

## 12. OFFICERS AND DIRECTORS

TITLE	STD	DELETE <input checked="" type="checkbox"/>
NAME	LOWE, MARGARET	
STREET ADDRESS	15405 MORRIS BRIDGE RD	
CITY-ST-ZIP	THONOTOSASSA FL	
TITLE	V	DELETE <input checked="" type="checkbox"/>
NAME	LOWE, PERCY	
STREET ADDRESS	15405 MORRIS BRIDGE RD.	
CITY-ST-ZIP	THONOTOSASSA FL	
TITLE	P	DELETE <input type="checkbox"/>
NAME	RICHBURG, JAMES	
STREET ADDRESS	15275 MORRIS BRIDGE RD	
CITY-ST-ZIP	THONOTOSASSA FL	
TITLE	D	DELETE <input type="checkbox"/>
NAME	FULFORD, CLARENCE	
STREET ADDRESS	15421 MORRIS BRIDGE RD	
CITY-ST-ZIP	THONOTOSASSA FL	
TITLE	D	DELETE <input type="checkbox"/>
NAME	ARNOLD, ROBERTSON F.	
STREET ADDRESS	15425 MORRIS BRIDGE RD	
CITY-ST-ZIP	THONOTOSASSA FL	
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	STD	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
1.2 NAME	Dykes, Rita C.	
1.3 STREET ADDRESS	15325 Morris Bridge Rd	
1.4 CITY-ST-ZIP	THONOTOSASSA, FL 33592	
2.1 TITLE	V	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
2.2 NAME	Watson, Fletcher C.	
2.3 STREET ADDRESS	10631 Broken Arrow Dr.	
2.4 CITY-ST-ZIP	THONOTOSASSA, FL 33592	
3.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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: *Robertson F. Arnold* 4/27/96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Robertson F. Arnold, Director 813-664-6142  
Date Daytime Phone #

CR2E037 (12/95)