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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 743376

1. Corporation Name

THE FIRST BAPTIST CHURCH OF BRANFORD, INC.

Principal Place of Business

Mailing Address

BRANFORD PROFESSIONAL BUILDING
PLANT AVE.
BRANFORD FL 32008

BRANFORD PROFESSIONAL BUILDING
PLANT AVE.
BRANFORD FL 32008



2. Principal Place of Business

2a. Mailing Address

21 503 Suwannee Ave.

26 P O Box 853

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Branford, FL

28 Branford, FL

24 Zip Country

29 Zip Country

32008

25 Suwannee

30 32008

30 Suwannee

3. Date Incorporated or Qualified

06/26/1978

4. FEI Number

59-1203217

Applied For

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCOTT, JOHN L
BRANFORD PROFESSIONAL BUILDING
PLANT AVE.
BRANFORD FL 32008

81 Name

SAME

82 Street Address (P.O. Box Number is Not Acceptable)

112 Suwannee Avenue

83

84 City
Branford

FL

85 Zip Code
32008

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

T FLETCHER, ROBERT
PO BOX 408 (N/A)
BRANFORD FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

T FRIERSON, WD
7731 CR 248
O'BRIEN FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

T GAYLARD, A.W.
27090 37TH ROAD
BRANFORD FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

CT PERLOWICH, AARON
30279 73RD PL
BRANFORD FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

T BARNES, DAVID
PO BOX 131 (N/A)
BRANFORD FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

T SESSIONS, WALLACE
23216 CHINQUAPIN RD
BRANFORD FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: *Signature Required*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-99 (904)935-3434
Date Daytime Phone #

CR2E037 (11/98)