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**Apr 14, 1999 8:00 am**
**Secretary of State**
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NONPROFIT CORPORATION ANNUAL REPORT
**1999**

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

DOCUMENT # **769977**

1. Corporation Name

**BRADEN RIVER BAPTIST CHURCH, INC. OF MANATEE COU NTY**

| Principal Place of Business | Mailing Address |
|---|---|
| 5412 MANATEE AVENUE E.<br>BRADENTON FL 34208<br>US | 5412 MANATEE AVE E<br>BRADENTON FL 34208<br>US |

| | | |
|---|---|---|
| 2. Principal Place of Business<br>21 5412 State Road 64 East<br>22 Suite, Apt. #, etc.<br>23 Bradenton, FL<br>24 34208 Zip 25 Country | 2a. Mailing Address<br>26 5412 State Road 64 East<br>27 Suite, Apt. #, etc.<br>28 Bradenton, FL<br>29 34208 Zip 30 Country | 3. Date Incorporated or Qualifed<br>08/24/1983<br>4. FEI Number<br>59-1298592 ☐ Applied For ☐ Not Applicable<br>5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required<br>6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees |

**9. Name and Address of Current Registered Agent**

LACKORE, RICHARD V.
903 50TH ST. E.
BRADENTON FL 34208

**10. Name and Address of New Registered Agent**

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 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 _____ 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 | PCD | ☑ DELETE | 1.1 TITLE | PCD | ☑ Change ☐ Addition |
| NAME | WESCHE, FRED | | 1.2 NAME | Freeman, Edwin | |
| STREET ADDRESS | 906 23RD AVE. | | 1.3 STREET ADDRESS | 5903-2 Street West | |
| CITY-ST-ZIP | PALMETTO FL | | 1.4 CITY-ST-ZIP | Bradenton FL 34207 | |
| TITLE | VD | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | MCLEOD, DANNY | | 2.2 NAME | | |
| STREET ADDRESS | 307 65TH ST NE | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | BRADENTON FL | | 2.4 CITY-ST-ZIP | | |
| TITLE | SD | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | STEPHENS, HOMER | | 3.2 NAME | | |
| STREET ADDRESS | 203 RIVER ISLES | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | BRADENTON FL | | 3.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 4.2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E037 (11/98)

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:** Edwin L. Freeman NOT REQUIRED Edwin L. Freeman 4/1/99 941-749-0493
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #