


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90044 038 ****61.25

DOCUMENT # N02000000468

1. Entity Name
BRANFORD TABERNACLE, INC.




Principal Place of Business
 P.O. BOX 1413
 BRANFORD, FL 32008

Mailing Address
 P.O. BOX 450
 BRANFORD, FL 32008

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

24011063



01292004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3503396

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

APPELL, CANDACE L
 26244 HWY 129
 BRANFORD, FL 32008

7. Name and Address of New Registered Agent

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

Filing Fee is \$61.25 Due by May 1, 2004

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			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	APPELL, ALFRED			NAME			
STREET ADDRESS	26244 HWY 129			STREET ADDRESS			
CITY-ST-ZIP	BRANFORD, FL 32008			CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> Delete		TITLE	VP, S, T, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	APPELL, CANDANCE			NAME			
STREET ADDRESS	26244 HWY 129			STREET ADDRESS			
CITY-ST-ZIP	BRANFORD, FL 32008			CITY-ST-ZIP			
TITLE	STD	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HILL, NATHALIE C			NAME			
STREET ADDRESS	20673 97TH DR.			STREET ADDRESS			
CITY-ST-ZIP	OBRIEN, FL 32071			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. 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 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: Candace L Appell **Candace Appell** 2-15-04 386-935-2150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #