


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2007 8:00 am**  
**Secretary of State**

04-11-2007 90035 021 \*\*\*\*61.25

<b>DOCUMENT # N06000012575</b> 1. Entity Name <b>GREATER BRANDON ARTS COUNCIL, INCORPORATED</b>					
Principal Place of Business <b>322 W. ROBERTSON STREET BRANDON, FL 33511</b>			Mailing Address <b>322 W. ROBERTSON STREET BRANDON, FL 33511</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>20-8332696</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MCKENNA, TRUDI M 1454 PINEY BRANCH CIRCLE VALRICO, FL 33594</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b>      Zip Code       </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HALL, KIM		NAME		
STREET ADDRESS	322 W. ROBERTSON STREET		STREET ADDRESS		
CITY - ST - ZIP	BRANDON, FL 33511		CITY - ST - ZIP		
TITLE	VP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DREWRY, ANNE		NAME		
STREET ADDRESS	5210 PINE ROCKLANDS AVENUE		STREET ADDRESS		
CITY - ST - ZIP	LITHIA, FL 33547		CITY - ST - ZIP		
TITLE	S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KNAPP, CANDACE		NAME		
STREET ADDRESS	804 BROOKER ROAD		STREET ADDRESS		
CITY - ST - ZIP	BRANDON, FL 33511		CITY - ST - ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCKENNA, TRUDI		NAME		
STREET ADDRESS	1454 PINEY BRANCH CIRCLE		STREET ADDRESS		
CITY - ST - ZIP	VALRICO, FL 33594		CITY - ST - ZIP		
TITLE	MEM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, ROSE		NAME		
STREET ADDRESS	330 PAULS DRIVE, SUITE 100		STREET ADDRESS		
CITY - ST - ZIP	BRANDON, FL 33511		CITY - ST - ZIP		
TITLE	CIO <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANDREN, BJORN		NAME		
STREET ADDRESS	804 BROOKER ROAD		STREET ADDRESS		
CITY - ST - ZIP	BRANDON, FL 33511		CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> <i>Trudi McKenna</i>			<i>Trudi McKenna</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small> <i>4/9/07</i>		
			<small>Daytime Phone #</small> <i>813-681-9645</i>		