

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011980

FILED
Apr 15, 2009
Secretary of State

Entity Name: GREATER BRANDON ECUMENICAL MINISTRIES, INC.

Current Principal Place of Business:

121 CARVER AVE.
BRANDON, FL 33510

New Principal Place of Business:

Current Mailing Address:

121 CARVER AVE.
BRANDON, FL 33510

New Mailing Address:

FEI Number: 26-1834281

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLACK, TIM
121 CARVER AVE.
BRANDON, FL 33510 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BLACK, TIM
Address: 121 CARVER AVE.
City-St-Zip: BRANDON, FL 33510

Title: D () Delete
Name: HEALDS, DON
Address: 137 S. PARSONS AVE.
City-St-Zip: BRANDON, FL 33511

Title: D (X) Delete
Name: EICHEM, TOM
Address: 1017 KINGSWAY RD.
City-St-Zip: BRANDON, FL 33510

Title: D () Delete
Name: WILSON, HARRY S
Address: 120 N. KNIGHTS AVE.
City-St-Zip: BRANDON, FL 33510

Title: D () Delete
Name: UCHIMURA, KIM
Address: 3315 BRYAN RD.
City-St-Zip: BRANDON, FL 33511

Title: D () Delete
Name: FERRARO, VINCE
Address: 217 LITHIA PINECREST RD.
City-St-Zip: BRANDON, FL 33511

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY J BLACK

MR

04/15/2009

Electronic Signature of Signing Officer or Director

Date