


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N13795 1. Entity Name FAITH BAPTIST CHURCH OF BRANDON, INC.	
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Principal Place of Business 1118 N. PARSONS AVE BRANDON, FL 33510 US	Mailing Address 1118 N. PARSONS AVE BRANDON, FL 33511 US
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01152008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3122077	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent REYNOLDS, HENRY E. 1118 N. PARSONS AVE BRANDON, FL 33510
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IN THIS SPACE**

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)</small>

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	01/31/08-80035-014 70.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATERS, MARK 4807 LYNN OAKS CIR DOVER, FL 33527
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOETTL, DAN 4719 BLOOMINGDALE AVE. VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STWAN, JERRY 1103 S TAYLOR RD SEFFNER, FL 33584
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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.

SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	1-21-08 (813) 659-1758 <small>Date Daytime Phone #</small>
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