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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 24 PM 12:37

DOCUMENT # **N28032** **(3)**

1. Corporation Name

THE MINISTERS BROTHERHOOD OF HILLSBOROUGH AND ADJACENT COUNTIES, INC.

Principal Place of Business	Mailing Address
2104 EAST BEAL ROAD PLANT CITY FL 33567-8031	2104 EAST BEAL ROAD PLANT CITY FL 33567-8031

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/24/1988
3a. Date of Last Report: 07/22/1994
4. FEI Number: 59-2909795 — Applied For ☐ Not Applicable ☐

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	**$68.75** Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
TAYLOR, THEODORE N. 111 EAST REYNOLDS STREET PLANT CITY FL 33566	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	BRINSON, F.J.	12 NAME	RAINEY, MARTEN	
STREET ADDRESS	2104 E. BEAL ROAD	13 STREET ADDRESS	3901 - 39TH ST. SO.	
CITY-ST-ZIP	PLANT CITY FL	14 CITY-ST-ZIP	ST. PETE., FL. 33711	
TITLE	VD	21 TITLE	VD	☒ Change ☐ Addition
NAME	BUTLER, JOHN	22 NAME	HARRIS, Henry M., JR	
STREET ADDRESS	1109 E. LAUREL STREET	23 STREET ADDRESS	420 SPRING WAY CIR.	
CITY-ST-ZIP	PLANT CITY FL	24 CITY-ST-ZIP	Valrico, FL. 33594	
TITLE	SD	31 TITLE		☐ Change ☐ Addition
NAME	RIVERS, RALPH	32 NAME		
STREET ADDRESS	1704 WARREN ST.,E.	33 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL	34 CITY-ST-ZIP		
TITLE	TD	41 TITLE		☐ Change ☐ Addition
NAME	FREEMAN, MOSES	42 NAME		
STREET ADDRESS	605 WOODHILL CT.	43 STREET ADDRESS		
CITY-ST-ZIP	BRANDON FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	WRIGHT, WILLIE E.	52 NAME		
STREET ADDRESS	503 E. HUNTER ROAD	53 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	DAVIS, JOHN	62 NAME		
STREET ADDRESS	609 SHORT STREET	63 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Moses Freeman 5/19/95 (813) 653-2568
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

MOSES FREEMAN

0063774