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Apr 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N29748** (3)

1. Corporation Name

OUR PLACE OF BRANDON, INC.

Principal Place of Business

Mailing Address

**1009 LITHIA-PINECREST ROAD
BRANDON FL 33511**

**1009 LITHIA-PINECREST ROAD
BRANDON FL 33511**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 26 27 28 29 30

9. Name and Address of Current Registered Agent

**ROGERS, RICHARD
508 COCOPLUM DR.
SEFFNER FL 33584**

3. Date Incorporated or Qualified

12/06/1988

4. FEI Number

59-2921950

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. **NA** ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **SD** ☒ DELETE
NAME **SEAGROVES, CONRAD**
STREET ADDRESS **510 RAPID FALLS DRIVE**
CITY-ST-ZIP **BRANDON FL**

TITLE **TD** ☒ DELETE
NAME **HILLER, JEANNIE**
STREET ADDRESS **2013 LEE DRIVE**
CITY-ST-ZIP **CALRICO FL**

TITLE **ATD** ☒ DELETE
NAME **DANIELS, DAVID**
STREET ADDRESS **812 CENTERBROOK DRIVE**
CITY-ST-ZIP **BRANDON FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **CD** **Daniel Smith** ☒ Change ☐ Addition
1.2 NAME **1009 Lithia Pinecrest Rd**
1.3 STREET ADDRESS **Brandon FL 33511**
1.4 CITY-ST-ZIP

2.1 TITLE **TD** **Deborah Sperandio** ☒ Change ☐ Addition
2.2 NAME **R 523 B Camino Real Court**
2.3 STREET ADDRESS **Brandon FL 33510**
2.4 CITY-ST-ZIP

3.1 TITLE **SD** **MARY Beth Bromley** ☒ Change ☐ Addition
3.2 NAME **714 Oakgrove Dr #187**
3.3 STREET ADDRESS **Brandon FL 33510**
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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: **By Deborah Sperandio 3/26/98 653-0790**

CR2E037 (10/97)