

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N34498

(8)

1. Corporation Name

BRANDON WORD OF LIFE CHURCH, INC.



Principal Place of Business

Mailing Address

1208 BARONWOOD PL
BRANDON FL 33510

1208 BARONWOOD PL
BRANDON FL 33510

3. Date Incorporated or Qualified
10/04/1989

3a. Date of Last Report
11/09/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number
59-2966480

Applied For
Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

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

FIELDS, ROGER
1308 BARONWOOD PL
BRANDON FL 33510

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

Roger T. Fields

Roger T. Fields

4/26/96

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 PD
NAME FIELDS, ROGER T.
STREET ADDRESS 1208 BARONWOOD PL
CITY-ST-ZIP BRANDON FL 33510

TITLE VTD
NAME FIELDS, TAMARA J.
STREET ADDRESS 1208 BARONWOOD PL
CITY-ST-ZIP BRANDON FL 33510

TITLE SD
NAME CRITES, DR. PAUL
STREET ADDRESS 3608 FAIRWAY FOREST DR.
CITY-ST-ZIP OLDSMAR FL 34677

TITLE
NAME Victor McCane
STREET ADDRESS 5606 Bonita Vista Way, #118
CITY-ST-ZIP Tampa, FL 33617

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SD
1.2 NAME Victor McCane
1.3 STREET ADDRESS 5606 Bonita Vista Way, #118
1.4 CITY-ST-ZIP Tampa, FL 33617

2.1 TITLE
2.2 NAME Bill Pulley
2.3 STREET ADDRESS 1745 Tardh Trace Dr
2.4 CITY-ST-ZIP Brandon, FL 33511

3.1 TITLE
3.2 NAME Paul Crites
3.3 STREET ADDRESS 3608 Fairway Forest Dr.
3.4 CITY-ST-ZIP Oldsmar, FL 34677

4.1 TITLE
4.2 NAME Tamara J. Fields
4.3 STREET ADDRESS 1208 Baronwood Pl
4.4 CITY-ST-ZIP Brandon, FL 33510

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS 600001817246
5.4 CITY-ST-ZIP -05/13/96--01002--026

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(k), 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:

Roger T. Fields

4/25/96

(813)620-4551

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)