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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N35116 (5)

1. Corporation Name

BRANDON ALLIANCE CHURCH OF THE CHRISTIAN AND MIS
SIONARY ALLIANCE OF BRANDON, FLORIDA, INC.

Principal Place of Business

Mailing Address

1607 LITHIA PINECREST ROAD
BRANDON FL 33511

1607 LITHIA PINECREST ROAD
BRANDON FL 33511-6721

3. Date Incorporated or Qualified
11/09/1989

3a. Date of Last Report
02/01/1996

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 29 30

4. FEI Number

59-2811148

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

HUNTER, DON
1607 LITHIA PINECREST ROAD
BRANDON FL 33511

81 Name

RASZMANN, JOHN R.

82 Street Address (P.O. Box Number is Not Acceptable)

1607 LITHIA PINECREST ROAD

83

84 City

BRANDON

FL

85 Zip Code

33511

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)

1/12/97
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE
NAME BUSH, BAXTER
STREET ADDRESS 6904 NORTH KINGSWAY ROAD, LOT R58
CITY-ST-ZIP SEFFNER FL

1.1 TITLE D Change Addition
1.2 NAME KEYS, JANIS
1.3 STREET ADDRESS 2622 OAKHILL VILLAGE CIR.
1.4 CITY-ST-ZIP VALRICO, FL. 33594

TITLE D DELETE
NAME FIELDS, JACQUELYN P
STREET ADDRESS 2210 PAVILLION PLACE
CITY-ST-ZIP BRANDON FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D DELETE
NAME MOULD, RICHARD T
STREET ADDRESS 10822 BURRITO DR
CITY-ST-ZIP RIVERVIEW FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE D DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE D DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

14. I do 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:

Jacquelyn P. Fields
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jacquelyn P. Fields 1/12/97

(813) 681-4676

Date

Daytime Phone # 0045457

CR2E037 (9/96)