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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N35116

1. Corporation Name

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

Principal Place of Business

1607 LITHIA PINECREST ROAD
BRANDON FL 33511

Mailing Address

1607 LITHIA PINECREST ROAD
BRANDON FL 33511



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

11/09/1989

4. FEI Number

59-2811148

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

9. Name and Address of Current Registered Agent

RASZMANN, JOHN R
1607 LITHIA PINECREST ROAD
BRANDON FL 33511

10. Name and Address of New Registered Agent

81 Name **Leonard R. Traina**
82 Street Address (P.O. Box Number is Not Acceptable)
1607 Lithia Pinecrest Road
83 **Brandon, Fl. 33511**
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

3/20/99

12. OFFICERS AND DIRECTORS

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

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

TITLE **D** ☒ DELETE
NAME **STEVENS, RONALD**
STREET ADDRESS **8501 HWY 39S**
CITY-ST-ZIP **PLANT CITY FL 33567**

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 **D.** ☒ Change ☐ Addition
1.2 NAME **RASZMANN, JOHN R.**
1.3 STREET ADDRESS **1607 Lithia Pinecrest Road**
1.4 CITY-ST-ZIP **Brandon, Fl. 33511**

2.1 TITLE **D** ☐ Change ☐ Addition
2.2 NAME **Keys, Janis**
2.3 STREET ADDRESS **2622 Oakhill Key Ct.**
2.4 CITY-ST-ZIP **Valrico, Fl. 33594**

3.1 TITLE **D** ☐ Change ☐ Addition
3.2 NAME **Judy Reynolds**
3.3 STREET ADDRESS **1001 Brandon Lakes Ave.**
3.4 CITY-ST-ZIP **Valrico, Fl. 33594**

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Januelyn P. Fields

3/20/99

Date

813 681-4676

Daytime Phone #

CR2E037 (11/98)