

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35116

FILED  
Jan 25, 2005  
Secretary of State

**Entity Name:** BRANDON NEW HOPE CHURCH OF THE CHRISTIAN AND MISSIONARY ALLIANCE OF BRANDON, FLORIDA, INC.

**Current Principal Place of Business:**

1607 LITHIA PINECREST ROAD  
BRANDON, FL 33511

**New Principal Place of Business:**

**Current Mailing Address:**

1607 LITHIA PINECREST ROAD  
BRANDON, FL 33511

**New Mailing Address:**

**FEI Number:** 59-2811148

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TRAINA, LEONARD  
1607 LITHIA PINECREST ROAD  
BRANDON, FL 33511 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: FIELDS, JACQUELYN P  
Address: 2210 PAVILLION PLACE  
City-St-Zip: BRANDON, FL

Title: D ( ) Delete  
Name: FORD, SUSAN  
Address: 528 GREG ST.  
City-St-Zip: VALRICCO, FL 33594

Title: D ( ) Delete  
Name: ALMOND, CLINTON  
Address: 3008 AVALON TERRACE DR.  
City-St-Zip: VALRICO, FL 33594

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: REYNOLDS, STUART  
Address: 1001 BRANDON LAKES AVENUE  
City-St-Zip: VALRICO, FL 33594

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACQUELYN P. FIELDS/TREASURER

MRS.

01/25/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date