FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

1. Corporation Name

appears in Block 12

SIGNATURE:

(0)

FAMILY WORSHIP CENTER OF BRANDON, INC.

Principal Place of Business Mailing Address 1761 HIGHWAY 60 EAST 1761 HIGHWAY 60 EAST VALRICO FL 33594 VALRICO FL 33594-3621 3. Date incorporated or Qualified 3a. Date of Last Report 02/14/1996 08/19/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3094789 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8,75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes 💢 No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name MCDONALD, WILLIAM H. Street Address (P.O. Box Number is Not Acceptable) 82 1761 HIGHWAY 60 EAST 63 VALRICO FL 33594

FILED Feb 18 1997 8:00am Secretary of State

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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 little if applicable (NOTE: Registered Agent signature required when reinstating) DATE							
12.	OFFICERS AND DIRECT	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			S IN 12		
TITLE	PD	DELETE	1.1 TITLE		Change	Addition	
NAME	MCDONALD, WILLIAM H.	—	1.2 NAME				
STREET ADDRESS	1761 HWY 60 EAST		1.3 STREET ADDRESS			l	
CITY-ST-ZIP	VALRICO FL		1.4 CITY-ST-ZIP		+ **		
TITLE	VD	DELETE	2.1 TITLE		☐ Change	Addition	
NAME	SCARBOROUGH, REGINALD H.		2.2 NAME		•		
STREET ADDRESS	1350 E. MAIN STREET		23 STREET ADDRESS				
CITY-ST-ZIP	LAKELAND FL		2.4 CITY-ST-ZIP				
TITLE	STD	DELETE	3.1 TITLE		Change	Addition	
NAME	MCDONALD, JACQUELYN P.		3.2 NAME				
STREET ADDRESS	1761 HIGHWAY 60 E.		3.3 STREET ADDRESS				
CITY-ST-ZIP	VALRICO FL		3.4. CITY-ST-ZIP				
TITLE		DELETE	4.1 TITLE	<u> </u>	☐ Change	Addition	
NAME			4. 2 NAME		•		
STREET ADDRESS			4.3 STREET ADDRESS	ű.			
CITY - ST - ZIP			4.4 CITY - ST - ZIP				
TITLE		DELETE	5.1 TITLE		☐ Change	Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY - S1 - ZIP			54 CITY-ST-ZIP				
TITLE		DELETE	6.1 TITLE		Change	Addition	
Name			6.2 NAME			i	
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-\$T-ZIP			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 true population of the receiver or true permovered to execute this report as required by Chapter 617, Florida Statutes; and that my name							

84 City