


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90084 036 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N44769					
1. Corporation Name BRANDON WORSHIP CENTER, INC.					
Principal Place of Business 1761 HIGHWAY 60 EAST VALRICO FL 33594			Mailing Address 1761 HIGHWAY 60 EAST VALRICO FL 33594		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		08/19/1991	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3094789	
Country		Country		Applied For	
25		29		Not Applicable	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
MCDONALD, WILLIAM H. 1761 HIGHWAY 60 EAST VALRICO FL 33594				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	
				FL	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME MCDONALD, WILLIAM H.			1.2 NAME		
STREET ADDRESS 1761 HWY 60 EAST			1.3 STREET ADDRESS		
CITY-ST-ZIP VALRICO FL			1.4 CITY-ST-ZIP		
TITLE <input checked="" type="checkbox"/> DELETE			2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME FORD, JEFFREY D.			2.2 NAME PATRICK, STEPHEN		
STREET ADDRESS 605 LITHIA PINECREST ROAD			2.3 STREET ADDRESS 321 Park Drive		
CITY-ST-ZIP BRANDON FL 33511			2.4 CITY-ST-ZIP Wauchulla, FL 33873		
TITLE <input type="checkbox"/> DELETE			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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** Jacquelyn P. McDonald 3/24/99 (813)654-0588

Date

Daytime Phone #

CR2F037 (11/98)