

2002 UNIFORM BUSINESS REPORT-(UBR)

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FILED
Apr 02, 2002 8:00 am
Secretary of State

02-19-2002 90057 020 ****61.25

DOCUMENT # N44769

1. Entity Name

BRANDON WORSHIP CENTER, INC.

Principal Place of Business

Mailing Address

1761 HIGHWAY 60 EAST
VALRICO FL 33594

1761 HIGHWAY 60 EAST
VALRICO FL 33594

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3094789

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCDONALD, WILLIAM H.
1761 HIGHWAY 60 EAST
VALRICO FL 33594

Name

Jacquelyn P. McDonald

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

same

City

same

FL

Zip Code

8. 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

Jacquelyn P. McDonald **Jacquelyn P. McDonald**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/14/02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
NAME **MCDONALD, WILLIAM H.**
STREET ADDRESS **1761 HWY 60 EAST**
CITY-ST-ZIP **VALRICO FL**

TITLE **Pastor/President** ☒ Change ☐ Addition
NAME **Jacquelyn P. McDonald**
STREET ADDRESS **1761 HWY 60, E.**
CITY-ST-ZIP **Valrico, FL 33594**

TITLE **VD** ☐ Delete
NAME **STEPHEN, PATRICK**
STREET ADDRESS **321 PARK DR.**
CITY-ST-ZIP **WAUCHULLA FL 33873**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **STD** ☒ Delete
NAME **MCDONALD, JACQUELYN P.**
STREET ADDRESS **1761 HIGHWAY 60 E.**
CITY-ST-ZIP **VALRICO FL**

TITLE **Secretary/Treasurer** ☒ Change ☐ Addition
NAME **Jeannie C. Patrick**
STREET ADDRESS **321 Park Drive**
CITY-ST-ZIP **Wauchula, FL 33873**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with an address with an address.

SIGNATURE:

Jacquelyn P. McDonald

Jacquelyn P. McDonald 01/25/02 813-654-0586

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)