

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90266 021 ****61.25

DOCUMENT # N44769

1. Entity Name

BRANDON WORSHIP CENTER, INC.



Principal Place of Business

**445 LITHIA PINECREST
BRANDON FL 33511**

Mailing Address

**P.O. BOX 1159
VALRICO FL 33595**

2. Principal Place of Business

3. Mailing Address

445 Lithia Pinecrest Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Brandon, FL 33511

Zip

Country

Zip

Country

33511

USA

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

**MCDONAL, JACQUELYN P
445 LITHIA PINECREST RD
BRANDON FL 33511**

Name

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

City

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **MCDONALD, JACQUELYN P**
CITY-ST-ZIP **P.O. BOX 1159
VALRICO FL 33595**

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

TITLE ☐ Delete
NAME **STD**
STREET ADDRESS **PATRICK, JEANNIE C**
CITY-ST-ZIP **321 PARK DRIVE
WAUCHULA FL 33873**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
NAME
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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 all other like empowered.

SIGNATURE: Jacquelyn P. McDonald

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/03/04 813-654-0588

Date

Daytime Phone #