


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90019 018 ****61.25

DOCUMENT # N44769 1. Entity Name BRANDON WORSHIP CENTER, INC.	
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Principal Place of Business 445 LITHIA PINECREST BRANDON FL 33511	Mailing Address 445 LITHIA PINECREST BRANDON FL 33511
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-3094789	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MCDONAL, JACQUELYN P 445 LITHIA PINECREST RD BRANDON FL 33511	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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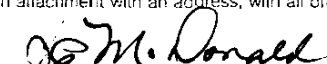
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to: Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCDONALD, JACQUELYN P P.O. BOX 1159 VALRICO FL 33595 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 445 Lithia Pinecrest Road Brandon, Florida 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STEPHEN, PATRICK 321 PARK DR. WAUCHULLA FL 33873 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1103 Brighton Way Lakeland, Florida 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PATRICK, JEANNIE C 321 PARK DRIVE WAUCHULLA FL 33873 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1103 Brighton Way Lakeland, Florida 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD REED, SCOTT J 516 FINNEY STREET LAKELAND FL 33803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD REED, ALLEN G 1784 TURTLE ROCK DR LAKELAND FL 33803 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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, Pastor/Pres.. 3/17/08**