

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90718 020 ****61.25

DOCUMENT # N44769

1. Entity 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**

70034731



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

445 Lithia Pinecrest Rd PO Box 1159

3. Mailing Address

445 Lithia Pinecrest Rd PO Box 1159

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Brandon, FL

City & State

Valrico, FL

4. FEI Number **59-3094789**

Applied For

Not Applicable

Zip

33511

Country

USA

Zip

33595-1159

Country

USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MCDONAL, JACQUELYN P

1761 HIGHWAY 60 EAST

VALRICO FL 33594

7. Name and Address of New Registered Agent

Name

Jacquelyn P. McDonald

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

445 Lithia Pinecrest Road

City

Brandon

FL

Zip Code

33511

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

04/03/03

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	MCDONALD, JACQUELYN P	
STREET ADDRESS	1761 HWY 60 EAST	
CITY-ST-ZIP	VALRICO FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	STEPHEN, PATRICK	
STREET ADDRESS	321 PARK DR.	
CITY-ST-ZIP	WAUCHULLA FL 33873	
TITLE	STD	<input type="checkbox"/> Delete
NAME	PATRICK, JEANNIE C	
STREET ADDRESS	321 PARK DRIVE	
CITY-ST-ZIP	WAUCHULA FL 33873	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	PO Box 1159	
CITY-ST-ZIP	Valrico, FL 33595	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE OF JACQUELYN P. MCDONALD

04/04/03

813-654-0588

CR2037 (10/02)