

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 03, 2002 8:00 am
Secretary of State

09-03-2002 90116 032 ****61.25

DOCUMENT # N93000005115

1. Entity Name

FIRST BAPTIST BRANDON FOUNDATION, INC.

Principal Place of Business

Mailing Address

**216 N. PARSONS
 BRANDON FL 33510**

**216 N. PARSONS
 BRANDON FL 33510**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3211822

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**WARREN, JEFFREY W
 220 S FRANKLIN ST
 TAMPA FL 33602**

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.

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	GRAY, HASKELL	1506 GERTRUDE DRIVE	BRANDON FL	<input type="checkbox"/> Delete			
PD	ROGERS, DONALD	205 JAMES ST	BRANDON FL 33510	<input type="checkbox"/> Delete			
TD	MCAHON, ETTIE	936 BENNINGER DR	BRANDON FL 33510	<input type="checkbox"/> Delete			
VPD	ANDREWS, ART	118 ASHBROOK DR	BRANDON FL 33510	<input type="checkbox"/> Delete			
SD	HOLLEY, SANDRA	1011 CHERWOOD LN	BRANDON FL 33511	<input type="checkbox"/> Delete			
D	KLINE, NAOMI	1213 BRANDA VISTA DR	BRANDON FL 33510	<input type="checkbox"/> Delete			

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dec 20, 2002

Date

Daytime Phone #

CR2E037 (9/01)