


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 01, 2004 8:00 am**  
**Secretary of State**

04-01-2004 90035 040 \*\*\*\*61.25

DOCUMENT # N93000005115					
1. Entity Name FIRST BAPTIST BRANDON FOUNDATION, INC.					
Principal Place of Business 216 N. PARSONS BRANDON, FL 33510			Mailing Address 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	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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		
			State <b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and the, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRAY, HASKELL		NAME		
STREET ADDRESS	1506 GERTRUDE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	BRANDON, FL		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROGERS, DONALD		NAME		
STREET ADDRESS	205 JAMES ST		STREET ADDRESS		
CITY-ST-ZIP	BRANDON, FL 33510		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MCMAHON, ETTIE		NAME	TD SEARCY, PEARLY	
STREET ADDRESS	936 BENNINGER DR		STREET ADDRESS	133 HOLLY TREE LN.	
CITY-ST-ZIP	BRANDON, FL 33510		CITY-ST-ZIP	BRANDON, FL 33511	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ANDREWS, ART		NAME		
STREET ADDRESS	118 ASHBROOK DR		STREET ADDRESS		
CITY-ST-ZIP	BRANDON, FL 33510		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOLLEY, SANDRA		NAME		
STREET ADDRESS	1011 CHERWOOD LN		STREET ADDRESS		
CITY-ST-ZIP	BRANDON, FL 33511		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KLINE, NAOMI		NAME		
STREET ADDRESS	1213 BRANDA VISTA DR		STREET ADDRESS		
CITY-ST-ZIP	BRANDON, FL 33510		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: <i>Naomi W. Kline</i>		SIGNATURE: <i>PEARLY SEARCY</i>		Date: <i>3-25-4</i> Daytime Phone #: <i>813-689-8348</i>	
Naomi W. Kline		NAOMI KLINE		Date: <i>3/29/04</i> Daytime Phone #: <i>813-689-5712</i>	

24032011



02162004 Chg-NP CR2E037 (10/03)

Applied For  
Not Applicable

FL Zip Code