

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

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**



01102006 No Chg-NP

CR2E037 (11/05)

4. FEI Number
59-3211822

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME GREFFORY, JOYCE
STREET ADDRESS 1310 ESTATEWOOD DRIVE
CITY-ST-ZIP BRANDON, FL 33510

TITLE PD
NAME ROGERS, DONALD
STREET ADDRESS 205 JAMES ST
CITY-ST-ZIP BRANDON, FL 33510

TITLE TD
NAME SEARCY, PERRY
STREET ADDRESS 133 HOLLY TREE LN.
CITY-ST-ZIP BRANDON, FL 33511

TITLE VPD
NAME ANDREWS, ART
STREET ADDRESS 118 ASHBROOK DR
CITY-ST-ZIP BRANDON, FL 33510

TITLE SD
NAME HOLLEY, SANDRA
STREET ADDRESS 1011 CHERWOOD LN
CITY-ST-ZIP BRANDON, FL 33511

TITLE D
NAME KLINE, NAOMI
STREET ADDRESS 1213 BRANDA VISTA DR
CITY-ST-ZIP BRANDON, FL 33510

U00000389934
01/23/06-80005-007 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

Naomi Kline

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #