


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N93000005115 1. Entity Name FIRST BAPTIST BRANDON FOUNDATION, INC.	
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Principal Place of Business 216 N. PARSONS BRANDON, FL 33510	Mailing Address 216 N. PARSONS BRANDON, FL 33510
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01242008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3211822	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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

**Filing Fee is \$61.25
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREGORY, JOYCE 1310 ESTATEWOOD DRIVE BRANDON, FL 33510
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROGERS, DONALD 205 JAMES ST BRANDON, FL 33510
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SEARCY, PERRY 133 HOLLY TREE LN. BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ANDREWS, ART 118 ASHBROOK DR BRANDON, FL 33510
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOLLEY, SANDRA 1011 CHERWOOD LN BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLINE, NAOMI 1213 BRANDA VISTA DR BRANDON, FL 33510

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 01/31/08-80013-011 61.25

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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 W. Kline*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #