

FILE NOW: FILING FEE IS \$61.25

FILED  
May 02 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra S. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000003519 (4)**  
1. Corporation Name  
**BRANDON BAR ASSOCIATION, INC.**



Principal Place of Business <b>915 OAKFIELD DR. SUITE F BRANDON FL 33511</b>	Mailing Address <b>915 OAKFIELD DR. SUITE F BRANDON FL 33511-4926</b>
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3. Date Incorporated or Qualified <b>07/24/1995</b>	3a. Date of Last Report <b>08/02/1996</b>
4. FEI Number <b>APPLIED FOR 59-3392728</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business <b>101 E. LUMSDEN ROAD</b>	2a. Mailing Address <b>101 E. LUMSDEN ROAD</b>
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State <b>BRANDON, FLORIDA</b>	28. City & State <b>BRANDON, FLORIDA</b>
24. Zip <b>33511</b>	29. Zip <b>33511</b>
Country <b>HILLSBOROUGH</b>	Country <b>HILLSBOROUGH</b>

9. Name and Address of Current Registered Agent <b>STODDARD, RALPH C 915 OAKFIELD DR. SUITE F BRANDON FL 33511</b>	10. Name and Address of New Registered Agent 81. Name <b>SHAMILA SUBRA</b> 82. Street Address (P.O. Box Number is Not Acceptable) <b>915 OAKFIELD DR. SUITE F</b> 84. City <b>BRANDON FL</b> 85. Zip Code <b>33511</b>
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Shamila Subra **SHAMILA SUBRA** DATE **4/18/97**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	NAME <b>STODDARD, RALPH C</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>PD</b>
STREET ADDRESS <b>915 OAKFIELD DR., SUITE F</b>	CITY-ST-ZIP <b>BRANDON FL 33511</b>		1.2 NAME <b>ELAM, B. LEE</b>
			1.3 STREET ADDRESS <b>101 E. LUMSDEN RD.</b>
			1.4 CITY-ST-ZIP <b>BRANDON, FL 33511</b>
TITLE <b>SD</b>	NAME <b>NORSE, KRISTEN A</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>SD</b>
STREET ADDRESS <b>915 OAKFIELD DR., SUITE F</b>	CITY-ST-ZIP <b>BRANDON FL 33511</b>		2.2 NAME <b>SUBRA, SHAMILA</b>
			2.3 STREET ADDRESS <b>915 OAKFIELD DRIVE, SUITE F</b>
			2.4 CITY-ST-ZIP <b>BRANDON, FL 33511</b>
TITLE <b>TD</b>	NAME <b>ELAM, B. LEE</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>TD</b>
STREET ADDRESS <b>101 E. LUMSDEN RD.</b>	CITY-ST-ZIP <b>BRANDON FL 33511</b>		3.2 NAME <b>KINGSTON, JOHN T.</b>
			3.3 STREET ADDRESS <b>113 MARGARET STREET</b>
			3.4 CITY-ST-ZIP <b>BRANDON, FL 33511</b>
TITLE	NAME	<input type="checkbox"/> DELETE	4.1 TITLE
STREET ADDRESS	CITY-ST-ZIP		4.2 NAME
			4.3 STREET ADDRESS
			4.4 CITY-ST-ZIP
TITLE	NAME	<input type="checkbox"/> DELETE	5.1 TITLE
STREET ADDRESS	CITY-ST-ZIP		5.2 NAME
			5.3 STREET ADDRESS
			5.4 CITY-ST-ZIP
TITLE	NAME	<input type="checkbox"/> DELETE	6.1 TITLE
STREET ADDRESS	CITY-ST-ZIP		6.2 NAME
			6.3 STREET ADDRESS
			6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Shamila Subra **SHAMILA SUBRA** DATE **4/18/97** DAYTIME PHONE # **813-691-2612**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)