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May 02 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra S. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000003519 (4)**

1. Corporation Name

BRANDON BAR ASSOCIATION, INC.



Principal Place of Business	Mailing Address
915 OAKFIELD DR. SUITE F BRANDON FL 33511	915 OAKFIELD DR. SUITE F BRANDON FL 33511-4926

3. Date Incorporated or Qualified 07/24/1995	3a. Date of Last Report 08/02/1996
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21. Principal Place of Business	2a. Mailing Address
21 101 E. LUMSDEN ROAD	2a 101 E. LUMSDEN ROAD
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
22	27
23 City & State BRANDON, FLORIDA	28 City & State BRANDON, FLORIDA
24 Zip 33511	29 Zip 33511
25 Country HILLSBOROUGH	30 Country HILLSBOROUGH

4. FEI Number APPLIED FOR 59-3392728	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 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	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STODDARD, RALPH C
915 OAKFIELD DR.
SUITE F
BRANDON FL 33511

81 Name SHAMILA SUBRA
82 Street Address (P.O. Box Number is Not Acceptable) 915 OAKFIELD DR.
83 SUITE F
84 City BRANDON FL
85 Zip Code 33511

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**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	STODDARD, RALPH C	1.2 NAME	ELAM, B. LEE
STREET ADDRESS	915 OAKFIELD DR., SUITE F	1.3 STREET ADDRESS	101 E. LUMSDEN RD.
CITY - ST - ZIP	BRANDON FL 33511	1.4 CITY - ST - ZIP	BRANDON, FL 33511
TITLE	SD	2.1 TITLE	SD
NAME	NORSE, KRISTEN A	2.2 NAME	SUBRA, SHAMILA
STREET ADDRESS	915 OAKFIELD DR., SUITE F	2.3 STREET ADDRESS	915 OAKFIELD DRIVE, SUITE F
CITY - ST - ZIP	BRANDON FL 33511	2.4 CITY - ST - ZIP	BRANDON, FL 33511
TITLE	TD	3.1 TITLE	TD
NAME	ELAM, B. LEE	3.2 NAME	KINGSTON, JOHN T.
STREET ADDRESS	101 E. LUMSDEN RD.	3.3 STREET ADDRESS	113 MARGARET STREET
CITY - ST - ZIP	BRANDON FL 33511	3.4 CITY - ST - ZIP	BRANDON, FL 33511
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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** 813-681-2612

CR2E037 (9/96)