


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 06, 1999 8:00 am
Secretary of State

04-06-1999 90049 041 ****61.25

0047852

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N95000003519

1. Corporation Name
BRANDON BAR ASSOCIATION, INC.

Principal Place of Business 101 E. LUMSDEN RD. BRADON FL 33511 US	Mailing Address 101 E. LUMSDEN RD. BRANDON FL 33511 US
--	---



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 07/24/1995
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-3392778
22. City & State	27. City & State	Applied For <input type="checkbox"/> Not Applicable
23. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

SUBRA, SHAMILA
915 OAKFIELD DR.
STE. F
BRANDON FL 33511

10. Name and Address of New Registered Agent

81. Name	CAROLINE ADAMS
82. Street Address (P.O. Box Number is Not Acceptable)	213 Providence Road
83. City	Brandon
84. State	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PILKA, DANIEL F.	
STREET ADDRESS	213 PROVIDENCE RD.	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, WHITNEY	
STREET ADDRESS	915 OAKFIELD DRIVE STE F	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GILL, THOMAS P. J.	
STREET ADDRESS	207 E. ROBERTSON ST., STE. B	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Glen A. LANSKY	
1.3 STREET ADDRESS	915 OAKFIELD DRIVE, suite F	
1.4 CITY-ST-ZIP	BRANDON, FL 33511	
2.1 TITLE	VPO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	TERESA WIGGINSTON	
2.3 STREET ADDRESS	116 LINDA PINECREST RD	
2.4 CITY-ST-ZIP	BRANDON, FL 33511	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CAROLINE ADAMS	
3.3 STREET ADDRESS	213 PROVIDENCE ROAD	
3.4 CITY-ST-ZIP	BRANDON FL 33511	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** *[Signature]* 3180799 681-2612
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2F037 (4/1/98)