

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000005459

**Entity Name:** BRANFORD PRESBYTERIAN CHURCH OF BRANFORD,  
FLORIDA, INC.

**FILED**  
**May 06, 2020**  
**Secretary of State**  
**6121627438CC**

**Current Principal Place of Business:**

CORNER OF HAINES AND DRANE STREET  
BRANFORD, FL 32008

**Current Mailing Address:**

C/O PATRICIA PHILLIPS, CLERK  
P.O. BOX 546  
BRANFORD, FL 32008 US

**FEI Number: 59-3012926**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

EVANS, LINDA  
354 NW 93RD LN  
BRANFORD, FL 32008 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name EVANS, LINDA  
Address 354 NW 93RD LN  
City-State-Zip: BRANFORD FL 32008

Title V  
Name HOWELL, DENNIS  
Address 227 SE C A HOWELL DR  
City-State-Zip: BRANFORD FL 32008

Title T  
Name SUMMERLIN, KAY CHRISTINE  
Address 7333 240TH STREET  
City-State-Zip: O'BRIEN FL 32071

Title S  
Name PHILLIPS, PATRICIA  
Address 230 SW RED MAPLE WAY  
City-State-Zip: LAKE CITY FL 32024

Title D  
Name DOUGLASS, LEONARD  
Address 6299 NW 50TH TERRACE  
City-State-Zip: BELL FL 32619

Title ELDER  
Name PHILLIPS, AL  
Address 230 SW RED MAPLE WAY  
City-State-Zip: LAKE CITY FL 32024

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: KAY CHRISTINE SUMMERLIN**

**TREASURER**

**05/06/2020**

Electronic Signature of Signing Officer/Director Detail

Date