

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 13 PM 2:18

DOCUMENT # 730507 (1)

1. Corporation Name

BROOKSVILLE ASSEMBLY OF GOD, INC., OF BROOKSVILLE
E. FLORIDA

Principal Place of Business	Mailing Address
20366 CORTEZ BLVD P.O. BOX 245 BROOKSVILLE FL 34605	20366 CORTEZ BLVD P.O. BOX 245 BROOKSVILLE FL 34605

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/22/1974	3a. Date of Last Report 04/06/1994
4. FEI Number 59-2240497	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

9. Name and Address of Current Registered Agent

GARCIA, DAVID A.
7414 GROVE ROAD
BROOKSVILLE FL 34613

10. Name and Address of New Registered Agent

B1 Name	B5 Zip Code
B2 Street Address (P.O. Box Number is Not Acceptable)	FL
B3	
B4 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PC
NAME	GARCIA, DAVID
STREET ADDRESS	7414 GROVE ROAD
CITY-ST-ZIP	BROOKSVILLE, FL 00000
TITLE	S
NAME	WOODRUFF, SHAWN
STREET ADDRESS	9371 WALLIEN DR
CITY-ST-ZIP	BROOKSVILLE FL
TITLE	T
NAME	ALBA, DAVE
STREET ADDRESS	1072 SWEETWATER RD
CITY-ST-ZIP	DADE CITY FL
TITLE	D
NAME	FULLAM, JOHN
STREET ADDRESS	11952 RAINBOW WOOD LOOP
CITY-ST-ZIP	SPRING HILL FL
TITLE	D
NAME	WHEELER, RON
STREET ADDRESS	27020 OLD TRILBY RD
CITY-ST-ZIP	BROOKSVILLE FL
TITLE	D
NAME	MANGRACINA, EUGENE
STREET ADDRESS	79 LARK AVE
CITY-ST-ZIP	BROOKSVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D Eric Soto
4.3 STREET ADDRESS	14238 Pullman Dr.
4.4 CITY-ST-ZIP	Spring Hill, FL 34609
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D Jim Pecenka
5.3 STREET ADDRESS	26502 Richbarn Rd.
5.4 CITY-ST-ZIP	Brooksville, FL 34601
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.02(3)(b), 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 children.

SIGNATURE:

David Garcia David Garcia

2/1/95

(904) 796-3685

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

Date

Telephone Number

Continued:

D
Bill Ford
1238 Olmes Rd.
Brooksville, FL 34601

D
Lee McKeown
7452 Mildred Ave.
Brooksville, FL 34601