

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **730507** (1)

1. Corporation Name
BROOKSVILLE ASSEMBLY OF GOD, INC., OF BROOKSVILLE, FLORIDA



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

3. Date Incorporated or Qualified: **08/22/1974**
3a. Date of Last Report: **02/13/1995**
4. FEI Number: **59-2240497**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)
22. Suite, Apt. #, etc.
23. City & State
24. Zip
25. Country

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 (81-84)
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

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: _____ (NOTE: Registered Agent signature required when registering) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PC	<input type="checkbox"/> DELETE
NAME	GARCIA, DAVID	
STREET ADDRESS	4527 Crescent Rd.	
CITY - ST - ZIP	7414 GROVE ROAD Springs Hill, FL BROOKSVILLE, FL 00000 34606	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WOODRUFF, SHAWN	
STREET ADDRESS	9371 WALLIEN DR	
CITY - ST - ZIP	BROOKSVILLE FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	ALBA, DAVE	
STREET ADDRESS	1072 SWEETWATER RD	
CITY - ST - ZIP	DADE CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SOTO, ERIC	
STREET ADDRESS	14238 PULLMAN DR.	
CITY - ST - ZIP	SPRING HILL FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PECENKA, JIM	
STREET ADDRESS	26502 RICHBARN RD.	
CITY - ST - ZIP	BROOKSVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
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	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Hardeman, Steve	
1.3 STREET ADDRESS	23450 Croom Rd.	
1.4 CITY - ST - ZIP	Brooksville, FL 34601	
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		
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Rev David A Garcia 3/20/96 352/796-3685
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Phone #

CR2E037 (12/95)