

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Jul 25 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morfitt</b> Secretary of State DIVISION OF CORPORATIONS
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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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	08/22/1974	03/28/1996
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	59-2240497	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input checked="" type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
24	25	29	30
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GARCIA, DAVID A. 7414 GROVE ROAD BROOKSVILLE FL 34613		13407 Bonita Ave. Spings Hill, FL 34609	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City
			FL 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: David A. Garcia DATE: 7/17/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARDEMAN, STEVE	1.2 NAME	Trustee Ken Woodruff
STREET ADDRESS	23450 CROOM RD	1.3 STREET ADDRESS	9391 Wallen Drive
CITY-ST-ZIP	BROOKSVILLE FL	1.4 CITY-ST-ZIP	Brooksville, FL 34601
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	Trustee
NAME	WOODRUFF, SHAWN	2.2 NAME	Lee McKeown
STREET ADDRESS	9371 WALLLEN DR	2.3 STREET ADDRESS	1019 Mildred Ave.
CITY-ST-ZIP	BROOKSVILLE FL	2.4 CITY-ST-ZIP	Brooksville, FL 34601
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	Trustee
NAME	SOTO, ERIC	3.2 NAME	John Thornton
STREET ADDRESS	14238 PULLMAN DR.	3.3 STREET ADDRESS	10038 Weatherly Rd.
CITY-ST-ZIP	SPRING HILL FL	3.4 CITY-ST-ZIP	Brooksville, FL 34601
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	P
NAME	PECENKA, JIM	4.2 NAME	David A. Garcia
STREET ADDRESS	26502 HIGBARN RD.	4.3 STREET ADDRESS	13407 Bonita Ave.
CITY-ST-ZIP	BROOKSVILLE FL	4.4 CITY-ST-ZIP	Spings Hill, FL 34609
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	S
NAME	MANGACINA, EUGENE	5.2 NAME	Flora Boles
STREET ADDRESS	79 LARK AVE	5.3 STREET ADDRESS	1800 W. Jefferson Apt. 22
CITY-ST-ZIP	BROOKSVILLE FL	5.4 CITY-ST-ZIP	Brooksville, FL 34601
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME	Flora Boles	6.2 NAME	
STREET ADDRESS	1800 W. Jefferson Apt. 22	6.3 STREET ADDRESS	
CITY-ST-ZIP	Brooksville, FL 34601	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: David A. Garcia DATE: 7/17/97

CR2E037 (4/97)