

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 20366 CORTEZ BLVD P.O. BOX 245 BROOKSVILLE FL 34605	Mailing Address 20366 CORTEZ BLVD P.O. BOX 245 BROOKSVILLE FL 34605
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3. Date Incorporated or Qualified 08/22/1974	
4. FEI Number 59-2240497	Applied For <input type="checkbox"/> 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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent GARCIA, DAVID A. 13407 BONITA AVE SPRING HILL FL 34609	10. Name and Address of New Registered Agent
	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 617.1503, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
T	HARDEMAN, STEVE 23450 CROOM RD BROOKSVILLE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
T	MCKEOWN, LEE 1019 MILDRED AVE BROOKSVILLE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
T	THORNTON, JOHN 10038 WEATHERLY RD BROOKSVILLE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
P	GARCIA, DAVID A 13407 BONITA AVE SPRING HILL FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
S	BOLES, FLORA 1200 W JEFFERSON APT 22 BROOKSVILLE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
T	WOODRUFF, KEN 9371 WALLEN DR BROOKSVILLE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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.

SIGNATURE: **SIGNATURE REQUIRED** *David A. Garcia* 1/14/98 352-796-3688
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0069321

CR2E037 (10/97)