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FILED  
Jan 27, 1999 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

01-27-1999 90058 001 \*\*\*\*\*61.25

DOCUMENT # 730507

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

08/22/1974

4. FEI Number  
59-2240497

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

T HARDEMAN, STEVE  DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
23450 CROOM RD  
BROOKSVILLE FL

T MCKEOWN, LEE  DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
1019 MILDRED AVE  
BROOKSVILLE FL

T THORNTON, JOHN  DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
10038 WEATHERLY RD  
BROOKSVILLE FL

P GARCIA, DAVID A  DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
13407 BONITA AVE  
SPRING HILL FL

S BOLES, FLORA  DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
1200 W JEFFERSON APT 22  
BROOKSVILLE FL

T WOODRUFF, KEN  DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
9371 WALLEN DR  
BROOKSVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: *David A Garcia* SIGNATURE REQUIRED *David A Garcia* 1-7-99 352-796-3685  
Date Daytime Phone #

CR2E037 (1/198)