

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 730507

1. Entity Name

BROOKSVILLE ASSEMBLY OF GOD, INC., OF BROOKSVILL

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90023 023 ****61.25

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 34605-0245
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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. Name and Address of Current Registered Agent

GARCIA, DAVID A.
13407 BONITA AVE
SPRING HILL FL 34609

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing **\$5.00** May Be Added to Fees
 Trust Fund Contribution.

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARDEMAN, STEVE 23450 CROOM RD BROOKSVILLE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCKEOWN, LEE 1019 MILDRED AVE BROOKSVILLE FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T THORNTON, JOHN 10038 WEATHERLY RD BROOKSVILLE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARCIA, DAVID A 13407 BONITA AVE SPRING HILL FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOLES, FLORA 1200 W JEFFERSON APT 22 BROOKSVILLE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WOODRUFF, KEN 9371 WALLEN DR BROOKSVILLE FL <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Sandy Ebert 5142 Harbinger Rd Spring Hill, FL 34608 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Mark Frazier 1526 Arnold Ave. Brooksville, FL 34601 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Ed Moen 210 Ederington Dr. Brooksville, FL 34601 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Sarah Patrick 15015 Middle Fairway Brooksville, FL 34609 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Ray Pitts 2410 Anchor Ave. Spring Hill, FL 34608 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Ron Wheelers 26349 Old Spring Lake Rd Brooksville, FL 34602 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *David Garcia* **DAVID A. Garcia** **3-9-2000** **352-796-3685**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)

730507

626058

Additional Trustees for Brooksville Assembly of God

TITLE :T
NAME :ROBERT MORTON
ADDRESS :7390 WOODHOLLOW ROAD
CITY :SPRING HILL, FL 34606

TITLE :T
NAME :RUSS PANCOAST
ADDRESS :6451 GOODWAY DRIVE
CITY :BROOKSVILLE, FL 34602