


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90075 035 ****61.25

DOCUMENT # 730507			
1. Entity 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	
2. Principal Place of Business 20366 Cortez Blvd Suite, Apt. #, etc.		3. Mailing Address 20366 Cortez Blvd Suite, Apt. #, etc.	
City & State Brooksville, FL		City & State Brooksville, FL	
Zip 34601	Country USA	Zip 34601	Country USA
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when re-registering)	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLES, FLORA	NAME	
STREET ADDRESS	827 VILLAGE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE, FL 34601	CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THORNTON, JOHN	NAME	
STREET ADDRESS	10038 WEATHERLY RD	STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE, FL	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, DAVID A	NAME	
STREET ADDRESS	13407 BONITA AVE	STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL, FL	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMBRIGHT, RICHARD	NAME	T
STREET ADDRESS	220 SUNSET DRIVE	STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE, FL 34601	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODRUFF, KEN	NAME	
STREET ADDRESS	9371 WALLIEN DRIVE	STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE, FL 34601	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 another like empowered.			
SIGNATURE: <u>David A. Garcia</u>		David A. Garcia 3/10/04 352-796-3685	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

Attachment

COUNCIL OF TRUSTEES

730507

T
David Abla
16810 Sweetwater Rd.
Dade City, FL 33523

T
Eddie Moen
210 Ederington Dr.
Brooksville, FL 34601

T
Mark Frazier
1526 Arnold St.
Brooksville, FL 34601

T
Joe Pirola
6057 Nocklyn Rd.
Spring Hill, FL 34609

T
George Gari
2167 Virginia Lee Circle
Brooksville, FL 34602

T
Ray Pitts
2410 Anchor Ave.
Spring Hill, FL 34608

T
Butch House
2155 Melanie Drive
Homosassa, FL 34448

T
Cal Williams
17491 Glen Raven Blvd.
Brooksville, FL 34604

T
Ron Jones
3372 St. Ives Blvd.
Spring Hill, FL 34609-3155