

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90072 037 ****61.25

DOCUMENT # 730507

1. Entity Name
BROOKSVILLE ASSEMBLY OF GOD, INC., OF BROOKSVILLE, FLORIDA



Principal Place of Business
**20366 CORTEZ BLVD
 BROOKSVILLE, FL 34605**

Mailing Address
**20366 CORTEZ BLVD
 BROOKSVILLE, FL 34605**

40001104



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04052005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-2240497

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.

\$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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
T	BOLES, FLORA	827 VILLAGE DRIVE	BROOKSVILLE, FL 34601				
T	THORNTON, JOHN	10038 WEATHERLY RD	BROOKSVILLE, FL				
P	GARCIA, DAVID A	13407 BONITA AVE	SPRING HILL, FL				
S	LAMBRIGHT, RICHARD	220 SUNSET DRIVE	BROOKSVILLE, FL 34601				
T	WOODRUFF, KEN	9371 WALLIEN DRIVE	BROOKSVILLE, FL 34601				

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 A Garcia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David A Garcia 4/13/05 352-7916-3685
 President Date Daytime Phone #