FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 9:54

DOCUMENT # 766405 (5)

1. Corporation Name

BROOKSVILLE NORTHSIDE CHURCH OF CHRIST, INC.

Principal Place of Business	Mailing Address
11025 BROAD STREET BROOKSVILLE FL 34601	11025 BROAD STREET BROOKSVILLE FL 34601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/03/1983	3a. Date of Last Report: 03/31/1994
4. FEI Number: 59-6504938	☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No	

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BRACKIO, H. JOHN 11085 NO BROAD ST BROOKSVILLE FL 34436	81 Name: KIGHT, Allyn E 82 Street Address (P.O. Box Number is Not Acceptable): 14116 SIMMONS LL RD 83: % No. Side Church of Christ 84 City: Brooksville FL 85 Zip Code: 34601

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Allyn E. Kight — Allyn E. KIGHT — 4/1/95
Signature, typed or printed Name of Registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	LIMBRECTH, ANDY	1.2 NAME	LIMrecht, Andy	
STREET ADDRESS	18435 LEE RD	1.3 STREET ADDRESS	18435 LEE Rd	
CITY-ST-ZIP	BROOKSVILLE FL	1.4 CITY-ST-ZIP	Brooksville, Fl 34601	
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	KIGHT, ALLYN E	2.2 NAME		
STREET ADDRESS	14116 SIMMONS LL RD	2.3 STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE FL	2.4 CITY-ST-ZIP		
TITLE	VD	3.1 TITLE	VD	☑ Change ☐ Addition
NAME	SHIVERS, RODNEY	3.2 NAME	~~ERVIN~~ ERVIN, DAVID	
STREET ADDRESS	14159 OLD CRYSTAL RIVER RD	3.3 STREET ADDRESS	~~12116~~ 12116 Timber Ln	
CITY-ST-ZIP	BROOKSVILLE FL	3.4 CITY-ST-ZIP	Brooksville, Fl 34601	
TITLE	V	4.1 TITLE	V	☑ Change ☐ Addition
NAME	ERVIN, DAVE	4.2 NAME	TERRY, Robert	
STREET ADDRESS	12116 TIMBER LANE	4.3 STREET ADDRESS	1223 Olmes Rd	
CITY-ST-ZIP	BROOKSVILLE FL	4.4 CITY-ST-ZIP	Brooksville, Fl	
TITLE	S	5.1 TITLE	S.	☑ Change ☐ Addition
NAME	BRACKIN, H JOHN	5.2 NAME	MEARS, Robert	
STREET ADDRESS	11085 NO BROAD ST	5.3 STREET ADDRESS	29196 Lake Lindsey Rd	
CITY-ST-ZIP	BROOKSVILLE FL	5.4 CITY-ST-ZIP	Brooksville, Fl 34601	
TITLE	TD	6.1 TITLE	~~T~~	☑ Change ☐ Addition
NAME	ROBERT, TERRY	6.2 NAME		
STREET ADDRESS	22111 OLMES RD	6.3 STREET ADDRESS	1223 Olmes Rd	
CITY-ST-ZIP	BROOKSVILLE FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Allyn E. Kight — 3/18/95 — 800-754-3823
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0046701