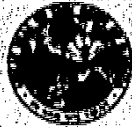


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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

~~RIGHT, ALLEN E~~
~~14116 SIMMONS LANE~~
~~BROOKSVILLE, FL 34601~~

81 Name

~~RIGHT, ALLEN E~~

82 Street Address (P.O. Box Number is Not Acceptable)

~~14116 SIMMONS LANE~~
~~70 No. Side Church of Christ~~

83 City

~~Brooksville~~

85 Zip Code

~~FL 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

Allen E. Right

ALLEN E. RIGHT

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
NAME	LIMBRECHT, ANDY
STREET ADDRESS	18435 LEE RD
CITY-ST-ZIP	BROOKSVILLE FL
TITLE	VD
NAME	KIGHT, ALLYN E
STREET ADDRESS	14116 SIMMONS LL RD
CITY-ST-ZIP	BROOKSVILLE FL
TITLE	VD
NAME	SHIVERS, RODNEY
STREET ADDRESS	14159 OLD CRYSTAL RIVER RD
CITY-ST-ZIP	BROOKSVILLE FL
TITLE	V
NAME	ERVIN, DAVE
STREET ADDRESS	12116 TIMBER LANE
CITY-ST-ZIP	BROOKSVILLE FL
TITLE	S
NAME	BRACKIN, H JOHN
STREET ADDRESS	11085 NO BROAD ST
CITY-ST-ZIP	BROOKSVILLE FL
TITLE	TO
NAME	ROBERT, TERRY
STREET ADDRESS	22111 OLMES RD
CITY-ST-ZIP	BROOKSVILLE FL

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	LIMBRECHT, ANDY	
1.3 STREET ADDRESS	18435 LEE RD	
1.4 CITY-ST-ZIP	BROOKSVILLE, FL 34601	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VD	☒ Change ☐ Addition
3.2 NAME	ERVIN, DAVID	
3.3 STREET ADDRESS	12116 TIMBER LN	
3.4 CITY-ST-ZIP	BROOKSVILLE, FL 34601	
4.1 TITLE	V	☒ Change ☐ Addition
4.2 NAME	TERRY, Robert	
4.3 STREET ADDRESS	1223 OLMES RD	
4.4 CITY-ST-ZIP	BROOKSVILLE, FL	
5.1 TITLE	S	☒ Change ☐ Addition
5.2 NAME	MEARS, Robert	
5.3 STREET ADDRESS	29196 LAKE LINDEEY RD	
5.4 CITY-ST-ZIP	BROOKSVILLE, FL 34661	
6.1 TITLE	TO	☒ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS	1223 OLMES RD	
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 110.07(3)(k), 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:

Allen E. Right

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/95

DATE

804-754-3823

PHONE NUMBER