

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 23, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N01000002131**

1. Entity Name

THE BROOKSVILLE FUND, INC.



Principal Place of Business

401 W COLONIAL DR, STE 7  
ORLANDO, FL 32804

Mailing Address

401 W COLONIAL DR, STE 7  
ORLANDO, FL 32804

**DO NOT WRITE IN THIS SPACE**



01092004 No Chg-NP CR2E037 (10/03)

4. FEI Number

31-1764192

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MACARTHUR, WILLIAM H  
401 W COLONIAL DR, STE 7  
ORLANDO, FL 32804

**DO NOT WRITE  
IN THIS SPACE**

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, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	MACARTHUR, WILLIAM H
STREET ADDRESS	401 W COLONIAL DR, STE 7
CITY - ST - ZIP	ORLANDO, FL 32804
TITLE	D
NAME	MACARTHUR, LUZ THORON
STREET ADDRESS	401 W COLONIAL DR, STE 7
CITY - ST - ZIP	ORLANDO, FL 32804
TITLE	D
NAME	EWALD, MARK G
STREET ADDRESS	401 W COLONIAL DR, STE 7
CITY - ST - ZIP	ORLANDO, FL 32804
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000063797  
02/23/04-80176-010 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 all other like empowered.

**SIGNATURE:**

*William H. MacArthur*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM H. MACARTHUR

2/20/04  
Date

407-425-8276  
Daytime Phone #