

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 12, 2001 8:00 am**  
**Secretary of State**

0079448

03-12-2001 90486 031 \*\*\*\*61.25

**DOCUMENT # N14892**

1. Entity Name

**ST. JOHN'S EPISCOPAL CHURCH, BROOKSVILLE, FLORID**

Principal Place of Business

Mailing Address

200 SOUTH BROOKSVILLE AVENUE  
 P. O. BOX 1407  
 BROOKSVILLE FL 34605-8407

200 SOUTH BROOKSVILLE AVENUE  
 P. O. BOX 1407  
 BROOKSVILLE FL 34605-8407

00033220



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

200 S. Brooksville

200 S. Brooksville Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Brooksville, Fl

City & State

Brooksville, Fl

4. FEI Number

59-2042443

Applied For

Not Applicable

Zip

34601

Country

USA

Zip

34601

Country

USA

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

**BROWN, JAMES MARTIN, ESQ.**  
**211 S. MAIN STREET**  
**BROOKSVILLE FL 34601**

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.

SIGNATURE

*James Martin Brown, Esq.*

2/15/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

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

**Mako Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	BURGESS, BRIAN K REV	
STREET ADDRESS	51 OLIVE ST	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUSS, DOLORES	
STREET ADDRESS	21509 SNOW HILL RD	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	QUINTRELL, RITA	
STREET ADDRESS	14089 MARINE DR	
CITY-ST-ZIP	BROOKSVILLE FL 34609	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCATEER, DERRILL	
STREET ADDRESS	20491 POWELL RD	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANDREWS, DENNIS	
STREET ADDRESS	1322 BARRANCE AVE	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHUMACHER, JAMES	
STREET ADDRESS	8533 FLEETWAY AVE	
CITY-ST-ZIP	BROOKSVILLE FL 34613	

TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert F. Klare	
STREET ADDRESS	2561 Saturn Road	
CITY-ST-ZIP	Brooksville, Fl 34601	
TITLE	Clerk	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sarah Sperling	
STREET ADDRESS	520 Oakhill Court	
CITY-ST-ZIP	Brooksville, Fl 34601	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charlotte Dolloff	
STREET ADDRESS	14228 Adair Street	
CITY-ST-ZIP	Brooksville, Fl 34609	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	H. Fred Kull	
STREET ADDRESS	3311 Lambert Avenue	
CITY-ST-ZIP	Spring Hill, Fl 34608	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marian Vignali	
STREET ADDRESS	415 Moline Street	
CITY-ST-ZIP	Brooksville, Fl 34601	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(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: *The Reverend Brian K. Burgess*, Rector **3/6/01** 352-796-9112  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)