

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 21, 1999 8:00 am**  
**Secretary of State**

05-21-1999 90010 018 \*\*\*\*61.25

**DOCUMENT # 708481**

1. Corporation Name

**FIRST BAPTIST CHURCH OF BROOKSVILLE, FLORIDA**

Principal Place of Business

420 NORTH HOWELL  
POST OFFICE BOX 1630  
BROOKSVILLE FL 34605-8830

Mailing Address

PO BOX 1630  
BROOKSVILLE FL 34605-1630  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

**02/12/1965**

4. FEI Number

**59-0711168**

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

9. Name and Address of Current Registered Agent

**PATTERSON, EARL**  
**9836 DOMINGO DR**  
**BROOKSVILLE FL 34601**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE  
NAME **BLAKEMAN, CARROLL E**  
STREET ADDRESS **9482 WALLIAN**  
CITY-ST-ZIP **BROOKSVILLE FL 34601**

TITLE **D** ☐ DELETE  
NAME **WALKER, AARON**  
STREET ADDRESS **3485 SATURN RD**  
CITY-ST-ZIP **BROOKSVILLE FL 34609**

TITLE **D** ☐ DELETE  
NAME **WILCOX, GLENN**  
STREET ADDRESS **4960 MOCKINGBIRD DR**  
CITY-ST-ZIP **RIDGE MANOR FL 33525**

TITLE **D** ☐ DELETE  
NAME **FRAZIER, WALTER**  
STREET ADDRESS **3 PINE STREET**  
CITY-ST-ZIP **BROOKSVILLE FL 34601**

TITLE **D** ☐ DELETE  
NAME **GRUBBS, MURRAY**  
STREET ADDRESS **23019 GRUBBS ROAD**  
CITY-ST-ZIP **BROOKSVILLE FL 34601**

TITLE **D** ☐ DELETE  
NAME **BILL KEITH**  
STREET ADDRESS **7161 HOPE HILL ROAD**  
CITY-ST-ZIP **BROOKSVILLE FL 34601**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)