


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # 716896 1. Entity Name BRUSH ARBOR CHURCH, INC.	
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Principal Place of Business 14220 BAY LAKE ROAD GROVELAND FL 34736	Mailing Address 14220 BAY LAKE ROAD GROVELAND FL 34736
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip Country

6. Name and Address of Current Registered Agent WARREN, WILLIAM R 14220 BAY LAKE ROAD GROVELAND FL 34736	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD WARREN, WILLIAM R 14220 BAY LAKE ROAD GROVELAND FL 34736	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARREN, WILLIAM R		NAME
STREET ADDRESS	14220 BAY LAKE ROAD		STREET ADDRESS
CITY - ST - ZIP	GROVELAND FL 34736		CITY - ST - ZIP
TITLE	D HERNDON, BESSIE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNDON, BESSIE		NAME
STREET ADDRESS	4813 EDGEWOOD DR.		STREET ADDRESS
CITY - ST - ZIP	ORLANDO FL 32811		CITY - ST - ZIP
TITLE	VD HERNDON, STUART	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNDON, STUART		NAME
STREET ADDRESS	4813 EDGEWOOD DR		STREET ADDRESS
CITY - ST - ZIP	ORLANDO FL		CITY - ST - ZIP
TITLE	ST WARREN, REBECCA	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARREN, REBECCA		NAME
STREET ADDRESS	14220 BAY LAKE ROAD		STREET ADDRESS
CITY - ST - ZIP	GROVELAND FL 34736		CITY - ST - ZIP
TITLE	D HERNDON, DAVID	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNDON, DAVID		NAME
STREET ADDRESS	4813 EDGEWOOD DRIVE		STREET ADDRESS
CITY - ST - ZIP	ORLANDO FL		CITY - ST - ZIP
TITLE		<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY - ST - ZIP			CITY - ST - ZIP

00000356096
05/04/05-80012-008 61.25

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; changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William Warren Warren 4/29/05 267-8945
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #