

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 31, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 740496**

1. Entity Name

GRACE BRETHREN CHURCH OF BROOKSVILLE, INC.



Principal Place of Business

Mailing Address

6259 FABER DRIVE  
BROOKSVILLE FL 34602

6259 FABER DRIVE  
BROOKSVILLE FL 34602



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2314200

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FRIESEN, LELAND J  
6145 SUMTER DRIVE  
BROOKSVILLE FL 34602

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. 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

U00000614472  
02/06/07-80032-006 61.25

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	FRIESEN, LELAND J	
STREET ADDRESS	6145 SUMTER DRIVE	
CITY-STATE-ZIP	BROOKSVILLE FL 34602	
TITLE	S	<input type="checkbox"/> Delete
NAME	SCHULTZ, FLO	
STREET ADDRESS	6347 OAKTON DRIVE	
CITY-STATE-ZIP	BROOKSVILLE FL 34602	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMAS, EVIE	
STREET ADDRESS	1228 OLMES ROAD	
CITY-STATE-ZIP	BROOKSVILLE FL 34601	
TITLE	D	<input type="checkbox"/> Delete
NAME	WENTZ, LAWRENCE	
STREET ADDRESS	27349 FRAMPTON AVE	
CITY-STATE-ZIP	BROOKSVILLE FL 34602	
TITLE	DV	<input type="checkbox"/> Delete
NAME	LAWRENCE, JAY	
STREET ADDRESS	1410 MONDON HILL ROAD	
CITY-STATE-ZIP	BROOKSVILLE FL 34601	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Lawrence Wentz LAWRENCE WENTZ

1-28-07 352-754-6547