

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90061 003 \*\*\*\*61.25

**DOCUMENT # N01000001479**

1. Entity Name

**CHURCH OF THE LORD JESUS CHRIST OF BROOKER, INC.**



Principal Place of Business

23011 NORTH SR 235  
BROOKER FL 32622

Mailing Address

23011 NORTH SR 235  
BROOKER FL 32622

2. Principal Place of Business

*Brooker*

Suite, Apt. #, etc.

3. Mailing Address

*23011 N. state Rd 235*

Suite, Apt. #, etc.



MOORE

CR2E037 (11/03)

City & State

*Florida*

City & State

*Brooker Florida*

4. FEI Number

*59-3711641*

Applied For

Not Applicable

Zip

*32622*

Country

*Alachua*

Zip

*32622*

Country

*Alachua*

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HILL, EDDIE  
23011 NORTH SR 235  
BROOKER FL 32622

7. Name and Address of New Registered Agent

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

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

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 ☐ Delete  
NAME HILL, EDDIE  
STREET ADDRESS 23011 NORTH SR 235  
CITY-ST-ZIP BROOKER FL 32622

TITLE ☐ Delete  
NAME HILL, MARIE  
STREET ADDRESS 23011 NORTH SR 235  
CITY-ST-ZIP BROOKER FL 32622

TITLE ☐ Delete  
NAME BRIGGS, ANNIE K  
STREET ADDRESS 7215 W STATE RD 235  
CITY-ST-ZIP ALACHUA FL 32615

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Eddie Hill*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/26/04*

Date

Daytime Phone #