

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000002131

1. Entity Name
THE BROOKSVILLE FUND, INC.



Principal Place of Business
401 W COLONIAL DR, STE 7
ORLANDO, FL 32804

Mailing Address
401 W COLONIAL DR, STE 7
ORLANDO, FL 32804



04182005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 31-1764192	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MACARTHUR, WILLIAM H
401 W COLONIAL DR, STE 7
ORLANDO, FL 32804

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MACARTHUR, WILLIAM H
STREET ADDRESS	401 W COLONIAL DR, STE 7
CITY-ST-ZIP	ORLANDO, FL 32804

TITLE	D
NAME	MACARTHUR, LUZ THORON
STREET ADDRESS	401 W COLONIAL DR, STE 7
CITY-ST-ZIP	ORLANDO, FL 32804

TITLE	D
NAME	EWALD, MARK G
STREET ADDRESS	401 W COLONIAL DR, STE 7
CITY-ST-ZIP	ORLANDO, FL 32804

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/29/05-80088-022 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: William A. MacArthur

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William A. MacArthur

4/26/05

Date

407-425-8276

Daytime Phone #