

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

**FILED**  
**Feb 26, 2004 8:00 am**  
**Secretary of State**

02-26-2004 90023 050 \*\*\*\*61.25

**DOCUMENT # N03000001275**

1. Entity Name

PENNBROOKE COMMUNITY CHURCH, INC.



Principal Place of Business

501 SR 44  
LEESBURG FL 34748

Mailing Address

POST OFFICE BOX 610  
FRUITLAND PARK FL 34731-0601

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

57-1150382

(HAVE)

Applied For

Not Applicable

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

NICOL, RONALD J  
501 SR 44  
LEESBURG FL 34748

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME NICOL, RONALD J  
STREET ADDRESS 32819 CROOKED OAKS LANE  
CITY-ST-ZIP LEESBURG FL ☐ Delete

TITLE VD  
NAME TUCKER, JAMES C  
STREET ADDRESS 851 GRAND VISTA TRAIL  
CITY-ST-ZIP LEESBURG FL ☒ Delete

TITLE TD  
NAME WEED, MARLENE J  
STREET ADDRESS 718 GRAND VISTA TRAIL  
CITY-ST-ZIP LEESBURG FL ☐ Delete

TITLE TD  
NAME WEED, MARLENE J  
STREET ADDRESS 718 GRAND VISTA TRAIL  
CITY-ST-ZIP LEESBURG FL ☒ Delete

TITLE D  
NAME BOOTH, WILBUR L  
STREET ADDRESS 32755 TIMBERWOOD DR  
CITY-ST-ZIP LEESBURG FL ☒ Delete

TITLE DV  
NAME JOHNSON, JOSEPHINE C  
STREET ADDRESS 32605 TIMBERWOOD DR  
CITY-ST-ZIP LEESBURG FL ☐ Delete

TITLE SMARY DUERR  
NAME 508 GRAND VISTA TRL  
STREET ADDRESS LEESBURG FL 34748  
CITY-ST-ZIP ☐ Change ☒ Addition

TITLE ANDREW SHEFFIELD  
NAME 32669 OAK PARK DR  
STREET ADDRESS LEESBURG FL 34748  
CITY-ST-ZIP ☐ Change ☒ Addition

TITLE ARTHUR LESTER  
NAME 611 SHADOW RUN DR  
STREET ADDRESS LEESBURG FL 34748  
CITY-ST-ZIP ☐ Change ☒ Addition

TITLE JANE CALVERT  
NAME 630 SHADOW RUN DR  
STREET ADDRESS LEESBURG FL 34748  
CITY-ST-ZIP ☐ Change ☒ Addition

TITLE LINDA ANGSTADT  
NAME 1051 FOREST BREEZE PATH  
STREET ADDRESS LEESBURG FL 34748  
CITY-ST-ZIP ☐ Change ☒ Addition

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

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:** *Marlene J Weed*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-365-0609