

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

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90040 023 ****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



1st MOORE CR2E037 (10/04)

4. FEI Number 57-1150382	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent	
NICOL, RONALD J 501 SR 44 LEESBURG FL 34748	
7. Name and Address of New Registered Agent	
Name <u>Johnson, Josephine C</u> Street Address (P.O. Box Number is Not Acceptable) <u>32605 Timberwood Dr.</u> City <u>LEESBURG</u> FL <u>34748</u> 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 Josephine C. Johnson (NOTE: Registered Agent signature required when reinstating) DATE 3-10-05

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	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 NAME STREET ADDRESS CITY-ST-ZIP	PD NICOL, RONALD J 32819 CROOKED OAKS LANE LEESBURG FL ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D DILLON, JERRY R 1120 Eagles Landing Leesburg, FL 34748 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DUERR, MARY 508 GRAND VISTA TRL LEESBURG FL 34748 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bischoff, Helen 32707 OAK PARK DR Leesburg, FL 34748 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WEED, MARLENE J 718 GRAND VISTA-TRAIL LEESBURG FL ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D KOPCIENSKI, MARGO 622 Timbercrest DR Leesburg, FL 34748 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEFFIELD, ANDREW 32669 OAK PARK DR LEESBURG FL 34748 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Rhea, J.R 333 Ranchwood DR Leesburg, FL 34748 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARTHUR, LESTER 611 SHADOW RUN D LEESBURG FL 34748 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Valliant, Barbara 631 Timbercrest, DR Leesburg, FL 34748 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	X/PD JOHNSON, JOSEPHINE C 32605 TIMBERWOOD DR LEESBURG FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WIKANG, George 32544, OAK PARK DR Leesburg, FL ☐ 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: Josephine C. Johnson Josephine C. Johnson 3-10-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

ANNUAL REPORT (AR)

DOCUMENT # N03000001275

1. Entity Name

PENN BROOKE 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

1st MOORE

CR2E037 (10/04)

4. FEI Number

57-1150382

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

NICOL, RONALD J
501 SR 44
LEESBURG FL 34748

7. Name and Address of New Registered Agent

Name

Johnson, Josephine C

Street Address (P.O. Box Number is Not Acceptable)

32605 Timberwood Dr.

City

LEESBURG

FL

Zip Code

34748

I. 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, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

0. OFFICERS AND DIRECTORS

TITLE	PD	☒ Delete
NAME	NICOL, RONALD J	
STREET ADDRESS	32819 CROOKED OAKS LANE	
CITY-STATE-ZIP	LEESBURG FL	
TITLE	S	☒ Delete
NAME	DUERR, MARY	
STREET ADDRESS	508 GRAND VISTA TRL	
CITY-STATE-ZIP	LEESBURG FL 34748	
TITLE	TD	☒ Delete
NAME	WEED, MARLENE J	
STREET ADDRESS	718 GRAND VISTA TRAIL	
CITY-STATE-ZIP	LEESBURG FL	
TITLE	D	☒ Delete
NAME	SHEFFIELD, ANDREW	
STREET ADDRESS	32669 OAK PARK DR	
CITY-STATE-ZIP	LEESBURG FL 34748	
TITLE	D	☒ Delete
NAME	ARTHUR, LESTER	
STREET ADDRESS	611 SHADOW RUN D	
CITY-STATE-ZIP	LEESBURG FL 34748	
TITLE	XPD	☐ Delete
NAME	JOHNSON, JOSEPHINE C	
STREET ADDRESS	32605 TIMBERWOOD DR	
CITY-STATE-ZIP	LEESBURG FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	☐ Change ☒ Addition
NAME	WEED, Lyle	
STREET ADDRESS	718 GRAND VISTA TRAIL	
CITY-STATE-ZIP	LEESBURG, FL 34748	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

2. 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: