


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90022 046 ****61.25

| | | | | | |
|--|--|--|---|---|--|
| DOCUMENT # N03000001275 1. Entity Name PENNBROOKE COMMUNITY CHURCH, INC. | | | |  | |
| Principal Place of Business 501 SR 44 LEESBURG, FL 34748 | | | Mailing Address 501 SR 44 LEESBURG, FL 34748 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 57-1150382 | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent JOHNSON, JOSEPHINE C. 32605 TIMBERWOOD DR. LEESBURG, FL 34748 | | | | 7. Name and Address of New Registered Agent Name J. R. Rhea Street Address (P.O. Box Number is Not Acceptable) 333 RANCHWOOD DR 243 BENTWOOD DRIVE City LEESBURG FL 34748 | |
| 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 <i>X J. R. Rhea</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | DATE 4-3-2006 <small>(NOTE: Registered Agent signature required when reinstating)</small> | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | TD DILLON, JERRY K 1120 EAGLES LANDING LEESBURG, FL 34748 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition T PAUL RAUCH 250 GRAND VISTA TR LEESBURG, FL 34748 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete D BISCHOFF, HELEN 32707 OAK PARK DR LEESBURG, FL 34748 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VP JOHN BATTLE 249 BENTWOOD DR LEESBURG, FL 34748 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete VD KOPCIENSKI, MARGO 622 TIMBERCREST DR LEESBURG, FL 34748 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition S RUTH ANN REED 33260 GRAND CYPRESS WAY LEESBURG, FL 34748 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete S RHEA, J.R. 333 RANCHWOOD DR LEESBURG, FL 34748 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P RHEA, J.R. 333 RANCHWOOD DR LEESBURG, FL 34748 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete D VALLIANT, BARBARA 631 TIMBERCREST DR LEESBURG, FL 34748 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D LYLE WOOD 718 GRAND VISTA TRAIL LEESBURG, FL 34748 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Delete D WIKANG, GEORGE 32544 OAK PARK DR LEESBURG, FL 34748 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D. Shirley Brodie 1124 Eagles Landing Leesburg FL 34748 | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <i>X J. R. Rhea</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | Date 4-3-2006 Daytime Phone # 352-315-9363 | |