

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N13018 (9)
1. Corporation Name
COMMUNITY BIBLE CHURCH OF BROOKSVILLE, INC.



Principal Place of Business
**706 PONCE DE LEON BLVD
PO BOX 10017
BROOKSVILLE FL 34601
US**

Mailing Address
**706 PONCE DE LEON BLVD
P. O. BOX 10017
BROOKSVILLE FL 34601
US**

3. Date Incorporated or Qualified
12/09/1985

3a. Date of Last Report
04/05/1995

4. FEI Number
59-3093711

Applied For
Not Applicable

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

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 **1350 Ponce de Leon Blvd.**

Suite, Apt. #, etc.
22 **PO Box 10017**

City & State
23 **Brooksville FL**

Zip
24 **34601**

Country
25 **US**

2a. Mailing Address
26 **PO Box 10017**

Suite, Apt. #, etc.
27 **PO Box 10017**

City & State
28 **Brooksville FL**

Zip
29 **34601**

Country
30 **US**

9. Name and Address of Current Registered Agent
**BROWN, CARL
706 PONCE DE LEON BLVD
BROOKSVILLE FL 34601**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
1350 Ponce de Leon Boulevard

83

84 City
FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of Section 617.0503, Florida Statutes.

SIGNATURE *Carl Brown* DATE **1/22/96**

Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, CARL	1.2 NAME	
STREET ADDRESS	29249 WILPAYNE RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALOGH, WILLIAM	2.2 NAME	
STREET ADDRESS	2319 ENDSLEY ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAZINSKI, BRUCE	3.2 NAME	
STREET ADDRESS	27068 WAKEFIELD DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRITZ, KENNETH	4.2 NAME	
STREET ADDRESS	710 FERNWOOD DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, JAMES H.	5.2 NAME	
STREET ADDRESS	26111 CHURCH ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINGER, CHARLES	6.2 NAME	
STREET ADDRESS	23244 SINGER LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Carl Brown* DATE **1/22/96** DAYTIME PHONE # **352-799-5462**

Signature and typed or printed name of signing officer or director

CR2E037 (12/95)