

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2006 8:00 am**  
**Secretary of State**

04-06-2006 90005 019 \*\*\*\*70.00

**DOCUMENT # N13018**

1. Entity Name  
**COMMUNITY BIBLE CHURCH OF BROOKSVILLE, INC.**



Principal Place of Business  
**5041 GRIFFIN ROAD  
BROOKSVILLE, FL 34601 US**

Mailing Address  
**8  
P. O. BOX 10017  
BROOKSVILLE, FL 34603 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03162006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-3093711**

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

**BROWN, CARL  
5041 GRIFFIN ROAD  
BROOKSVILLE, FL 34601**

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

**Filing Fee Is \$61.25  
Due by May 1, 2006**

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 ☐ Delete  
NAME **D BROWN, CARL**  
STREET ADDRESS **29249 WILPAYNE RD.**  
CITY-ST-ZIP **BROOKSVILLE, FL**

TITLE ☐ Change ☒ Addition  
NAME **D Borozny, Philip**  
STREET ADDRESS **31349 Satinleaf Run**  
CITY-ST-ZIP **Brooksville, FL 34602**

TITLE ☐ Delete  
NAME **D BRAZINSKI, BRUCE**  
STREET ADDRESS **27068 WAKEFIELD DRIVE**  
CITY-ST-ZIP **BROOKSVILLE, FL**

TITLE ☐ Change ☒ Addition  
NAME **D Marshall, Thomas**  
STREET ADDRESS **25585 Hayman Road**  
CITY-ST-ZIP **Brooksville, FL 34602**

TITLE ☐ Delete  
NAME **D CALLAGHAN, KEVIN**  
STREET ADDRESS **25064 PALO STREET**  
CITY-ST-ZIP **BROOKSVILLE, FL 34601**

TITLE ☐ Change ☒ Addition  
NAME **D Smith, James**  
STREET ADDRESS **26111 Church Road**  
CITY-ST-ZIP **Brooksville, FL 34602**

TITLE ☐ Delete  
NAME **D SINGER, CHARLES**  
STREET ADDRESS **23244 SINGER LANE**  
CITY-ST-ZIP **BROOKSVILLE, FL**

TITLE ☐ Change ☒ Addition  
NAME **D Spratt, William**  
STREET ADDRESS **710 Fernwood Drive**  
CITY-ST-ZIP **Brooksville, FL 34601**

TITLE ☐ Delete  
NAME **D PALMA, STEVE**  
STREET ADDRESS **6036 GOLD DUST ROAD**  
CITY-ST-ZIP **BROOKSVILLE, FL 34609**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:** *Carl Brown* **Carl Brown**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-03-06 (352) 799-5462**

Date

Daytime Phone #