


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 05 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N17735 (4)**

1. Corporation Name  
**FIRST PRESBYTERIAN CHURCH OF BROOKSVILLE, INCORPORATED**

Principal Place of Business <b>250 BELL AVENUE P.O. BOX 265 BROOKSVILLE FL 34805-0265 US</b>	Mailing Address <b>250-BELL AVENUE P.O. BOX 265 BROOKSVILLE FL 34805-0265 US</b>
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21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.
23. City & State	24. City & State
25. Zip Country	26. Zip Country

3. Date Incorporated or Qualified <b>11/12/1986</b>	
4. FEI Number <b>59-0935262</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MILLER, CHARLES  
760 FERNWOOD DRIVE  
BROOKSVILLE FL 34801**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	85. Zip Code <b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>MAAG, HANS</b>	
STREET ADDRESS	<b>15067 BROOKRIDGE</b>	
CITY-ST-ZIP	<b>BROOKSVILLE FL</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>LASETER, LOIS ANNE</b>	
STREET ADDRESS	<b>24228 BALMORAL</b>	
CITY-ST-ZIP	<b>BROOKSVILLE FL</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CARPENTER, JOANNA</b>	
STREET ADDRESS	<b>0610 RIVER RUN</b>	
CITY-ST-ZIP	<b>SPRING HILL FL</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>LIEW, WARREN VAN</b>	
STREET ADDRESS	<b>7019 THISTLEBROOK</b>	
CITY-ST-ZIP	<b>BROOKSVILLE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PRESIDENT &amp; TRUSTEE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>MAAG, HANS</b>	
1.3 STREET ADDRESS	<b>15067 Brookridge</b>	
1.4 CITY-ST-ZIP	<b>BROOKSVILLE, FL 34601</b>	
2.1 TITLE	<b>VICE-PRESIDENT &amp; TRUSTEE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>NELSON, HELEN</b>	
2.3 STREET ADDRESS	<b>16057 SANDUSKY STREET</b>	
2.4 CITY-ST-ZIP	<b>BROOKSVILLE, FL 34601</b>	
3.1 TITLE	<b>SECRETARY &amp; TRUSTEE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>MILLER, CHARLES</b>	
3.3 STREET ADDRESS	<b>760 FERNWOOD DRIVE</b>	
3.4 CITY-ST-ZIP	<b>BROOKSVILLE, FL 34601</b>	
4.1 TITLE	<b>TREASURER &amp; TRUSTEE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>HILBERT, JOHN</b>	
4.3 STREET ADDRESS	<b>1502 ARNOLD AVE.</b>	
4.4 CITY-ST-ZIP	<b>BROOKSVILLE, FL 34601</b>	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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 any address.

SIGNATURE: *[Signature]* (00000007) 1/27/98 352796240

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