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May 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N42149 (7)

1. Corporation Name
BROOKSVILLE MINISTERIAL ASSOCIATION, INC.



Principal Place of Business: 20120 BARNETT RD. BROOKSVILLE FL 34801 US
Mailing Address: 20120 BARNETT RD. BROOKSVILLE FL 34801-3831 US

3. Date Incorporated or Qualified: 02/19/1991
3a. Date of Last Report: 04/24/1996

2. Principal Place of Business: 21 4191 Spring Lake Highway, Brooksville, FL 34601, USA
2a. Mailing Address: 26 4191 Spring Lake Highway, Brooksville, FL 34601, USA
4. FEI Number: 59-3054233
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

9. Name and Address of Current Registered Agent: JOHNSTON, JOSEPH E., JR., 29 SOUTH BROOKSVILLE AVE., 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 (FL)

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD DAGE, RAY 315 BROOKSVILLE AVENUE BROOKSVILLE FL	1.1 TITLE	VD Douglas Zipperer 109 South Blvd Brooksville, FL 34601
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD DRANKWALTER, RICHARD 518 UNDERWOOD AVENUE BROOKSVILLE FL	2.1 TITLE	SD Carl Brown 1350 Ponce de Leon Boulevard Brooksville, FL 34601
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD STAUFFER, DAVID 4191 SPRING LAKE HIGHWAY BROOKSVILLE FL	3.1 TITLE	PD David J. Stauffer
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	34601
TITLE	T HAGAR, EARL 20120 BARNETT RD. BROOKSVILLE FL 34801	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 an address.

SIGNATURE: Carl Brown (REQUIRED) Brown 4/25/97 799-5462 (352)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0066248

CR2E037 (9/96)