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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N42149

1. Corporation Name

BROOKSVILLE MINISTERIAL ASSOCIATION, INC.

Principal Place of Business

4191 SPRING LAKE HWY
 BROOKSVILLE FL 34601
 US

Mailing Address

4191 SPRING LAKE HWY
 BROOKSVILLE FL 34601
 US



2. Principal Place of Business

21 109 SOUTH BROAD ST.
 Suite, Apt. #, etc.

22 City & State
 23 Brooksville, FL

24 34601 25 USA
 Zip Country

2a. Mailing Address

26 109 SOUTH BROAD ST.
 Suite, Apt. #, etc.

27 City & State
 28 Brooksville, FL

29 34601 30 USA
 Zip Country

3. Date Incorporated or Qualified

02/19/1991

4. FEI Number

59-3054233

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

9. Name and Address of Current Registered Agent

JOHNSTON, JOSEPH E., JR.
 29 SOUTH BROOKSVILLE AVE.
 BROOKSVILLE FL 34601

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

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ZIPPERER, DOUGLAS	
STREET ADDRESS	109 SOUTH BROAD	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, CARL	
STREET ADDRESS	1350 PONCE DE LEON BLVD.	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	STAUFFER, DAVID J	
STREET ADDRESS	4191 SPRING LAKE HIGHWAY	
CITY-ST-ZIP	BROOKSVILLE FL	
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	PO	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CHAMPAGNE, GREG	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP	BROOKSVILLE, FL 34601	
2.1 TITLE	SO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ZIPPERER, DOUGLAS	
2.3 STREET ADDRESS	109 SOUTH BROAD	
2.4 CITY-ST-ZIP	BROOKSVILLE, FL 34601	
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	STAUFFER, DAVID	
3.3 STREET ADDRESS	4191 SPRING LAKE HWY	
3.4 CITY-ST-ZIP	BROOKSVILLE, FL 34601	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 an address, with all other like empowered.

SIGNATURE: DAVID J STAUFFER, JR. 4-21-99 352-799-7028
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)