2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # N42149 May 24, 2000 8:00 am 1. Entity Name Secretary of State BROOKSVILLE MINISTERIAL ASSOCIATION, INC. 05-24-2000 90025 006 ****61.25 Mailing Address Principal Place of Business 109 SOUTH BROAD ST 109 SOUTH BROAD ST BROOKSVILLE FL 34601-2831 BROOKSVILLE FL 34601 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3054233 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent. Methodist C (P.O. Box Number is Not Ac JOHNSTON, JOSEPH E., JR. 29 SOUTH BROOKSVILLE AVE. 34<u>601</u> **BROOKSVILLE FL 34601** (0d ¥ 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 DOUGLAS H. ZIPPERER SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Delete TITLE TITLE NAME ZIPPERER, DOUGLAS NAME STREET ADDRESS STREET ADDRESS 109 SOUTH BROAD CITY-ST-ZIP CITY-ST-7IP **BROOKSVILLE FL** Change ☐ Addition TITLE PD ☐ Delete TITLE Stauffer David J. Husy. NAME NAME STAUFFER, DAVID J STREET ADDRESS STREET ADDRESS 4191 SPRING LAKE HIGHWAY CITY-ST-ZIP CITY-ST-ZIP sooksville. **BROOKSVILLE FL Change** Addition PD ☐ Delete TITLE Champagnel Gies NAME NAME CHAMPAGNE, GREG STREET ADDRESS STREET ADDRESS 109 SOUTH BROAD CITY-ST-7IP CITY-ST-ZIP Brooksuille, **BROOKSVILLE FL** ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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.