

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90082 001 ****61.25



DOCUMENT # N42149
1. Entity Name
BROOKSVILLE MINISTERIAL ASSOCIATION, INC.

Principal Place of Business Mailing Address
109 SOUTH BROAD ST 109 SOUTH BROAD ST
BROOKSVILLE FL 34601 BROOKSVILLE FL 34601
US US

2. Principal Place of Business 3. Mailing Address
20428 Cortez Blvd. 20428 Cortez Blvd.
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Brooksville, Fl. Brooksville, Fl.

Zip Country Zip Country
34601 U.S.A. 34601 U.S.A.

4. FEI Number Applied For
59-3054233 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FIRST UNITED METHODIST CHURCH, INC.
109 S BROAD ST
BROOKSVILLE FL 34601

7. Name and Address of New Registered Agent
Name St. Anthony Catholic Church, Inc.
Street Address (P.O. Box Number is Not Acceptable)
20428 Cortez Blvd.
City Brooksville FL Zip Code 34601

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 Rev. Robert R. Donlan Rev. Robert R. Donlan (Secretary) 1-24-06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: 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

TITLE	STD	<input type="checkbox"/> Delete
NAME	DONLAN, ROBERT	
STREET ADDRESS	20428 CORTEZ BLVD	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE	PD	<input type="checkbox"/> Delete
NAME	STAUFFER, DAVID J	
STREET ADDRESS	4191 SPRING LAKE HIGHWAY	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CHAMPAGNE, GREGORY	
STREET ADDRESS	420 HOWELL AVE	
CITY-ST-ZIP	BROOKSVILLE FL 34605	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VD	
STREET ADDRESS	Rev. William Burbury	
CITY-ST-ZIP	22246 Victory Drive	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	Brooksville, Fl. 34601	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Section 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: Rev. Robert R. Donlan Rev. Robert R. Donlan 1-24-06 (352) 796-2096