

DOCUMENT # N42149

1. Entity Name

BROOKSVILLE MINISTERIAL ASSOCIATION, INC.



FILED
Jan 22, 2007 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

20428 CORTEZ BLVD
BROOKSVILLE FL 34601
US

20428 CORTEZ BLVD
BROOKSVILLE FL 34601
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

City & State

City & State

4. FEI Number

59-3054233

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ST. ANTHONY CATHOLIC CHURCH, INC.
20428 CORTEZ BLVD
BROOKSVILLE FL 34601

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: STD Delete
NAME: DONLAN, ROBERT
STREET ADDRESS: 20428 CORTEZ BLVD
CITY-STATE-ZIP: BROOKSVILLE FL 34601

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: 000000538820
CITY-STATE-ZIP: 01/25/07-80002-007 61.25

TITLE: PD Delete
NAME: STAUFFER, DAVID J
STREET ADDRESS: 4191 SPRING LAKE HIGHWAY
CITY-STATE-ZIP: BROOKSVILLE FL 34601

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-STATE-ZIP: Change Addition

TITLE: VD Delete
NAME: BURBURY, WILLIAM REV
STREET ADDRESS: 22246 VICTORY DR
CITY-STATE-ZIP: BROOKSVILLE FL 34601

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-STATE-ZIP: Change Addition

TITLE: Delete
NAME: Delete
STREET ADDRESS: Delete
CITY-STATE-ZIP: Delete

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CITY-STATE-ZIP: Change Addition

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:

Robert R. Donlan

1-20-07 352-799-0930

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR