

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90044 022 ****61.25



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

Principal Place of Business Mailing Address
 20428 CORTEZ BLVD 20428 CORTEZ BLVD
 BROOKSVILLE FL 34601 BROOKSVILLE FL 34601
 US US



2. Principal Place of Business - No. P.O. Box # 109 S. Broad St.
 3. Mailing Address 109 S. Broad St.
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State Brooksville, Fl. City & State Brooksville, Fl.
 Zip 34601 Country USA Zip 34601 Country USA

4. FEI Number 59-1009938 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ST. ANTHONY CATHOLIC CHURCH, INC.
 20428 CORTEZ BLVD
 BROOKSVILLE FL 34601

7. Name and Address of New Registered Agent
 Name William Oakley
 Street Address (P.O. Box Number is Not Acceptable) 109 S. Broad St.
 First United Methodist Church, Inc.
 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 [Signature] DATE 1-22-08
Signature, typed or printed name, of registered agent and the local agent. (NOTE: Registered Agent signature must be filed with this filing.)

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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 checked="" type="checkbox"/> Delete
NAME	DONLAN, ROBERT	
STREET ADDRESS	20428 CORTEZ BLVD	
CITY- ST- ZIP	BROOKSVILLE FL 34601	
TITLE	PD	<input checked="" 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	BURBURY, WILLIAM REV	
STREET ADDRESS	22246 VICTORY DR	
CITY- ST- ZIP	BROOKSVILLE FL 34601	
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	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joseph Santerelli	
STREET ADDRESS	27440 Cortez Blvd.	
CITY- ST- ZIP	Brooksville, Fl. 34602	
TITLE	Vice-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Frank Presti	
STREET ADDRESS	20366 Cortez Blvd. Brooksville, Fl.	
CITY- ST- ZIP		
TITLE	Secretary/treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William Oakley	
STREET ADDRESS	109 S. Broad St.	
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: [Signature] DATE 1-22-08