

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90191 049 ****61.25

DOCUMENT # N51317

1. Entity Name

**CHRIST LUTHERAN CHURCH OF BROOKSVILLE,
FLORIDA, INC.**



Principal Place of Business

**475 NORTH AVE. WEST
BROOKSVILLE FL 34601**

Mailing Address

**475 NORTH AVE. WEST
BROOKSVILLE FL 34601**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

23-7046292

Applied For

Not Applicable

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

**YUNGMAUN, BONNIE
10021 WEEKS DR
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 reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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 PD ☐ Delete
NAME KORN, WM
STREET ADDRESS 10235 TRUDY LYNN DR
CITY-ST-ZIP BROOKSVILLE FL 34601

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☒ Delete
NAME CARLSON, CAREY
STREET ADDRESS 23112 FITZHUGH AVE
CITY-ST-ZIP BROOKSVILLE FL 34601

TITLE V ☒ Change ☐ Addition
NAME FRITCHARD, JOHN MILTON
STREET ADDRESS 1262 BOLANDER AVE.
CITY-ST-ZIP SPRINGHILL FL. 34609

TITLE TD ☒ Delete
NAME YUNGMAUN, BONNIE
STREET ADDRESS 10021 WEEKS DR
CITY-ST-ZIP BROOKSVILLE FL 34601

TITLE T ☒ Change ☐ Addition
NAME HITE, FLORA M.
STREET ADDRESS 2304 MIDDLETON ST-
CITY-ST-ZIP BROOKSVILLE FL 34601

TITLE SD ☐ Delete
NAME DUNSTAN, BETTY
STREET ADDRESS 9091 DICKENS AVE
CITY-ST-ZIP BROOKSVILLE FL 34613

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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: *Flora M. Hite* **FLORA M. HITE** 4/19/04 (352) 797-7738
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #