## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS N95000001089 (0) **DOCUMENT #** 

1. Corporation	n Name		` '						
BROOKSVILLE BAPTIST CHURCH, INC.						I INGINIAL BIA 1818 AND ANNI BANI BANI BANI	18.11. <b>18</b> .11. <b>18</b> .		HANE IAN IAN
Principal Place	of Business	Mailing Address							
7175 EMERSON ROAD P.O. BOX 10886 BROOKSVILLE FL BROOKSVILLE FL 34601									
						3. Date Incorporated or Qualified 03/07/1995	3a. Da	te of Last F	Report
2. Principal Pla 21	ace of Business	2a. Mailing Address 26				4. FEI Number 59 - 33 0 9 8 6 9	, pp.ida i di		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	Additional Required
City & State	9	City & State			Election Campaign Financing     Trust Fund Contribution		\$5.00	May Be	
Zip	Country	Zip		intry		8. This corporation has liability for in		x under s.	1 to Fees 199.032,
24	25 9. Name and Address of Currer	29 Agent	30	Ι		Florida Statutes L  10. Name and Address of New Re	Yes		
	3. Name and Address of Carre	it riogistorou Agoin		81	Name	TO. Maillo dila Address Of New Fie	States and	Agoin	
KELLER	JOHN M			82	C+	di /DO Da Nasha ia Nas Assaulti			
Keller, John M  101 S Main Street  Brooksville Fl 34601					Street Ad	ddress (P.O. Box Number is Not Acceptable	9)		
				84	City			leel 7.	
					,		FL	1 1	Code
or register	to the provisions of Sections 617.0502 red agent, or both, in the State of Flori th, and accept the obligations of, Secl	da. Such change was aut	horized by the (	ove-r corp	named corp oration's b	poration submits this statement for the purpoard of directors. I hereby accept the appo	ose of cha intment as	nging its re registered	gistered office agent. I am
SIGNATURE	-								
40	Signature, typed or printed name of registered agent			1 Ager	nt signature req	uired when reinstating)	DATE	DIESE CITO	500 151 413
12. TITLE	OFFICERS AN	D DIRECTORS  DELETE	13.	T. C		ADDITIONS/CHANGES TO OFFI		Change	Addition
NAME		<del></del>					L	Спануе	L Modition
STREET ADDRESS	THE RESERVE THE PARTY OF THE PA		12 N		ADDRESS				
CITY-ST-21P	A CONTRACTOR OF THE CONTRACTOR		1,4,00						
TITLE	- Montage - Marie - Ma	TOELETE	DELETE 2.1 TI			Deacon / Trustee		Change	<b>★</b> Addition
NAME	W. William Co.	<b></b>	22 N			Kent Van Wagoner		•	_
STREET ADDRESS				_	ADDRESS	beacon/Trustee Kent Van Wagoner on Shady Oaks Vil	lla C	ircle	l
CITY_ST-ZIP		<del>13-11-0</del> 01	2 40			Brooksville FL 34	601		·
TITLE	Deacon / Trusto	Deacon Trustee MOELETE 31		31 TIFLE			<del>-</del> - 1	Change	☐ Add₁tion
NAME	Timothy'C. W!	xeler	3 2 N	AME					
STREET ADDRESS	2308 Lake For		338	TREET	ADDRESS				
CITY-ST-ZIP	Spring Hill Fl	34609			ST-ZIP				
TITLE	Pastor / Birector	DELETE	411	ITLE			[	Change	Addition
NAME	Christopher D. W	ineele -		NAME					1
STREET ADDRESS	1305 Howell Ave	-L 34601			ADDRESS				
CITY-ST-ZIP TITLE	Brooksville F	DELETE			ST-ZIP			Change	☐ Addition
NAME			_					— спанує	L-1 MODITION
STREET ADDRESS			52 N		ADDRESS				
CITY-ST-ZIP					T T				
TITLE				5 4 CITY - ST - ZIP 6 1 TITLE			g 4	— <b>∃ Gha</b> noe	Addition
NAME			621			60000187 -06/24/96010	ເເດ. ເເດ.	では。 17	-6/
STREET ADDRESS					I ADDRESS	***61.25	JO0,	τ Ι	104
CITY-ST-ZIP					ST-ZIP	**************************************			"()v

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if shanged, or on an attachment with an application.

SIGNATURE:

SIGNATURE:

Day The Phone \*\*

352 796-0254