

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000001089

1. Entity Name

BROOKSVILLE BAPTIST CHURCH, INC.

**FILED**  
**Mar 27, 2000 8:00 am**  
**Secretary of State**

03-27-2000 90083 033 \*\*\*\*70.00

Principal Place of Business	Mailing Address
991 W. JEFFERSON ST. BROOKSVILLE FL US	P.O. BOX 10886 BROOKSVILLE FL 34603-0886

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

City & State	City & State	4. FEI Number	Applied For
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

59-3309869	Applied For
	Not Applicable

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
KELLER, JOHN M 101 S MAIN STREET BROOKSVILLE FL 34601

7. Name and Address of New Registered Agent
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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	D/T <input type="checkbox"/> Delete
NAME	THOGODE, WILLIAM
STREET ADDRESS	11085 THORNBERRY DR
CITY-ST-ZIP	SPRING HILL FL 34608
TITLE	T <input type="checkbox"/> Delete
NAME	WHEELER, MARLENE
STREET ADDRESS	12517 HARPER ST.
CITY-ST-ZIP	SPRING HILL FL 34609
TITLE	P/D <input type="checkbox"/> Delete
NAME	WHEELER, CHRISTOPHER D.
STREET ADDRESS	12465 ONEIDA ST.
CITY-ST-ZIP	BROOKSVILLE FL
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	D/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kent Van Wagoner
STREET ADDRESS	7 Shady Oak Villa Circle
CITY-ST-ZIP	Brooksville FL 34601
TITLE	D/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Norwood Wheeler
STREET ADDRESS	12517 Harper St
CITY-ST-ZIP	Spring Hill, FL 34609
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 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 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: Christopher D. Wheeler 3-16-00 352-688-5662  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)