

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000001089

1. Entity Name

BROOKSVILLE BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

991 W. JEFFERSON ST.
BROOKSVILLE FL
US

P.O. BOX 10886
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

4. FEI Number

59-3309869

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

KELLER, JOHN M
101 S MAIN STREET
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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D/T ☒ Delete
NAME THOGODE, WILLIAM
STREET ADDRESS 11085 THORNBERRY DR
CITY-ST-ZIP SPRING HILL FL 34608

TITLE Financial Secretary ☐ Change ☒ Addition
NAME Rebekah Paulk
STREET ADDRESS 715 Oakdale St. Apt. 6
CITY-ST-ZIP Brooksville FL 34601

TITLE T ☐ Delete
NAME WHEELER, MARLENE
STREET ADDRESS 12517 HARPER ST.
CITY-ST-ZIP SPRING HILL FL 34609

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

TITLE P/D ☐ Delete
NAME WHEELER, CHRISTOPHER D.
STREET ADDRESS 12465 ONEIDA ST.
CITY-ST-ZIP BROOKSVILLE FL

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

TITLE DT ☒ Delete
NAME VANWAGONER, KENT
STREET ADDRESS 7 SHADY OAKS VILLA CIRCLE
CITY-ST-ZIP BROOKSVILLE FL 34601

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

TITLE DT ☐ Delete
NAME WHEELER, NORWOOD
STREET ADDRESS 12517 HARPER ST
CITY-ST-ZIP SPRING HILL FL 34609

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90050 048 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)