

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.
AMOUNT DUE ON OR BEFORE 8/10/94: \$225 (IF DISSOLVED, MEMBERSHIP AMOUNT DUE TO MEMBERS: \$175)

**APPROVED
AND
FILED**

94 AUG 17 AM 9: 14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1994**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000005142 (5)

1. Corporation Name

**RODNEY HOWARD-BROWNE EVANGELISTIC ASSOCIATION, I
NC.**

Mailing Address
**17913 CROIX ISLE DRIVE
TAMPA FL 33647**

Principal Place of Business
**17913 CROIX ISLE DRIVE
TAMPA FL 33647**

DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below

3. Date Incorporated or Qualified 11/15/1993	3a. Date of Last Report
4. FEI Number 14-1742747	Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Mailing Address	2a. Principal Place of Business
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HOWARD-BROWNE RODNEY 17913 CROIX ISLE DRIVE TAMPA FL 33647	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505 or 617.0503, Florida Statutes.

SIGNATURE _____ Signature, typed or printed name of registered agent and title (optional) _____ (Date) _____

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	O	11 TITLE	
12 NAME	HOWARD-BROWNE RODNEY	12 NAME	
13 STREET ADDRESS	17913 CROIX ISLE DRIVE	13 STREET ADDRESS	
14 CITY- ST- ZIP	TAMPA FL	14 CITY- ST- ZIP	
21 TITLE	O	21 TITLE	
22 NAME	HOWARD-BROWNE ADONICA	22 NAME	
23 STREET ADDRESS	17913 CROIX ISLE DRIVE	23 STREET ADDRESS	
24 CITY- ST- ZIP	TAMPA FL	24 CITY- ST- ZIP	
31 TITLE	O	31 TITLE	
32 NAME	PRETORIUS GERRY	32 NAME	
33 STREET ADDRESS	17913 CROIX ISLE DRIVE	33 STREET ADDRESS	
34 CITY- ST- ZIP	TAMPA FL	34 CITY- ST- ZIP	
41 TITLE	D	41 TITLE	
42 NAME	TEBBANO PAUL	42 NAME	
43 STREET ADDRESS	303 GROOMS RD.	43 STREET ADDRESS	
44 CITY- ST- ZIP	CLIFTON PARK NY	44 CITY- ST- ZIP	
51 TITLE	D	51 TITLE	D
52 NAME	TINERINO DENNIS	52 NAME	ROSE MIKE
53 STREET ADDRESS	303 GROOMS RD.	53 STREET ADDRESS	303 GROOMS RD.
54 CITY- ST- ZIP	CLIFTON PARK NY	54 CITY- ST- ZIP	CLIFTON PARK NY
61 TITLE	D	61 TITLE	D
62 NAME	DRUMMOND THOM	62 NAME	NICHOLS BOB
63 STREET ADDRESS	8308 SHEPERSVILLE RD.	63 STREET ADDRESS	303 GROOMS RD.
64 CITY- ST- ZIP	LOUISVILLE KY	64 CITY- ST- ZIP	CLIFTON PARK NY

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 199.032, 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 and the registered agent; that I am empowered to execute this report as required by Chapter 607 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 or Block 14 or on an attachment with an address.

SIGNATURE: **GERRY PRETORIUS** **08-09-94 (502) 894-8300**
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR