SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 19, 1994.
AMOUNT DUE ON OR BEFORE 8/19/94: $229 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

CORPORATION ANNUAL REPORT
1994

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

APPROVED AND FILED
94 AUG 17 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000005142 (5)

1. Corporation Name

RODNEY HOWARD-BROWNE EVANGELISTIC ASSOCIATION, I NC.

Mailing Address	Principal Place of Business
17913 CROIX ISLE DRIVE TAMPA FL 33647	17913 CROIX ISLE DRIVE TAMPA FL 33647

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

DO NOT WRITE IN THIS SPACE

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 ☐	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: X	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: ☐ Yes ☒ No	

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

9. Name and Address of Current Registered Agent

HOWARD-BROWNE RODNEY
17913 CROIX ISLE DRIVE
TAMPA FL 33647

10. Name and Address of New Registered Agent

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 617.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when individual) (DATE)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE	O	
12 NAME	HOWARD-BROWNE RODNEY	
13 STREET ADDRESS	17913 CROIX ISLE DRIVE	
14 CITY-ST-ZIP	TAMPA FL	
21 TITLE	O	
22 NAME	HOWARD-BROWNE ADONICA	
23 STREET ADDRESS	17913 CROIX ISLE DRIVE	
24 CITY-ST-ZIP	TAMPA FL	
31 TITLE	O	
32 NAME	PRETORIUS GERRY	
33 STREET ADDRESS	17913 CROIX ISLE DRIVE	
34 CITY-ST-ZIP	TAMPA FL	
41 TITLE	D	
42 NAME	TEBBANO PAUL	
43 STREET ADDRESS	303 GROOMS RD.	
44 CITY-ST-ZIP	CLIFTON PARK NY	
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	6308 SHEPERDSVILLE 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 119.07(3)(i), 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 607 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 above or on an attachment with an address.

SIGNATURE: _____ GERRY PRETORIUS 08-09-94 (502) 894-8300
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER OR DIRECTOR (Date) (Telephone Number)