

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 10, 1999 8:00 am
Secretary of State

09-10-1999 90011 011 ****61.25

DOCUMENT # **N97000002862**

Corporation Name

BUTCH BROWN MINISTRIES, INC.

Principal Place of Business

707 NE 46 COURT
OCALA FL 34470

Mailing Address

707 NE 46 COURT
OCALA FL 34470

614312-90011-11 2 *



Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
		26		05/16/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
		27		59-3446984	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing	
25		29	30	Trust Fund Contribution <input type="checkbox"/>	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
BROWN, WALTER F JR 707 NE 46 COURT OCALA FL 34470				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				FL 85 Zip Code	

Pursuant to the provisions of 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 617.0503, Florida Statutes.

SIGNATURE		(NOTE: Registered Agent signature required when reinstating)		DATE	
Signature, typed or printed name of registered agent and title if applicable.					
OFFICERS AND DIRECTORS					
<input type="checkbox"/> DELETE					
1. BROWN, WALTER F JR					
2. 707 NE 46 COURT					
3. Ocala FL 34470					
<input type="checkbox"/> DELETE					
1. BROWN, ALYSON L					
2. 707 NE 46 COURT					
3. Ocala FL 34470					
<input type="checkbox"/> DELETE					
1. HINSON, J M					
2. 8900 NW 136 AVE ROAD					
3. Ocala FL 34482					
<input type="checkbox"/> DELETE					
1. BAREFOOT, CLIFF					
2. 1434 W LIBBY DR					
3. WEST PALM BEACH FL 33406					
<input type="checkbox"/> DELETE					
1. DALE, GEORGE					
2. RT 5 BOX 1808					
3. PALATKA FL 32177					
<input type="checkbox"/> DELETE					
1.					
2.					
3.					

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Walter F. Brown Jr.* **WALTER F. BROWN JR.** 7/19/99 352 236 1141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)