

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**APPROVED
AND
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95 APR 27 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | |
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| CORPORATION ANNUAL REPORT 1995 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # 705208 (7)

1. Corporation Name
THE BROWNSVILLE BAPTIST CHURCH, INC.

| | |
|--|--|
| Principal Place of Business 2801 W STRONG STREET PENSACOLA FL 32505-4128 | Mailing Address 2801 W STRONG STREET PENSACOLA FL 32505-4128 |
|--|--|

DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 3. Date Incorporated or Qualified 02/15/1963 | 3a. Date of Last Report 04/28/1994 |
| 4. FEI Number 59-6002499 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/> | \$68.75 Supplemental Fee Not Required |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

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

9. Name and Address of Current Registered Agent

**JACKSON, THOMAS
2406 INDA AVENUE
PENSACOLA FL 32506**

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City |
| 85 Zip Code |

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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, Florida Statutes.

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|--|--|
| TITLE SD | NAME SUMMERS, STEVE | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS 3421 SCHIFKO RD | CITY - ST - ZIP CANTONMENT FL | 1.2 NAME | |
| | | 1.3 STREET ADDRESS | |
| | | 1.4 CITY - ST - ZIP | |
| TITLE TD | NAME FOSTER, JANE | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS 909 N. 75TH AVE | CITY - ST - ZIP PENSACOLA FL | 2.2 NAME | |
| | | 2.3 STREET ADDRESS | |
| | | 2.4 CITY - ST - ZIP | |
| TITLE PD | NAME JACKSON, THOMAS | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS 2406 INDA AVENUE | CITY - ST - ZIP PENSACOLA FL | 3.2 NAME | |
| | | 3.3 STREET ADDRESS | |
| | | 3.4 CITY - ST - ZIP | |
| TITLE DV | NAME MILLER, ARTHUR | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS 1700 BRENDA AVE | CITY - ST - ZIP PENSACOLA FL | 4.2 NAME | |
| | | 4.3 STREET ADDRESS | |
| | | 4.4 CITY - ST - ZIP | |
| TITLE D | NAME HINNANT, L. C. | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS 3431 W. BRAINARD ST. | CITY - ST - ZIP PENSACOLA FL | 5.2 NAME | |
| | | 5.3 STREET ADDRESS | |
| | | 5.4 CITY - ST - ZIP | |
| TITLE D | NAME MACK, AUBREY | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS 615 NORTH Vth ST. | CITY - ST - ZIP PENSACOLA FL | 6.2 NAME | |
| | | 6.3 STREET ADDRESS | |
| | | 6.4 CITY - ST - ZIP | |

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 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jane Foster Jane Foster 4/20/95 904-433-5259

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)