

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 705208 (7)
1. Corporation Name

THE BROWNSVILLE BAPTIST CHURCH, INC.



Principal Place of Business Mailing Address
2601 W STRONG STREET 2601 W STRONG STREET
PENSACOLA FL 32505-4128 PENSACOLA FL 32505-4128

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

3. Date Incorporated or Qualified
02/15/1963

3a. Date of Last Report
04/27/1995

4. FEI Number
59-6002499

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JACKSON, THOMAS
2406 INDA AVENUE
PENSACOLA FL 32506

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 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

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|----------------------|--|
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | SUMMERS, STEVE | |
| STREET ADDRESS | 3421 SCHIFKO RD | |
| CITY - ST - ZIP | CANTONMENT FL | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | FOSTER, JANE | |
| STREET ADDRESS | 909 N. 75TH AVE | |
| CITY - ST - ZIP | PENSACOLA FL | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | JACKSON, THOMAS | |
| STREET ADDRESS | 2406 INDA AVENUE | |
| CITY - ST - ZIP | PENSACOLA FL | |
| TITLE | DV | <input type="checkbox"/> DELETE |
| NAME | MILLER, ARTHUR | |
| STREET ADDRESS | 1700 BRENDA AVE | |
| CITY - ST - ZIP | PENSACOLA FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | HINNANT, L. C. | |
| STREET ADDRESS | 3431 W. BRAINARD ST. | |
| CITY - ST - ZIP | PENSACOLA FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | MACK, AUBREY | |
| STREET ADDRESS | 615 NORTH W ST. | |
| CITY - ST - ZIP | PENSACOLA FL | |

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 119.07(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 617, 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

4/29/96

904-433-8287

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)