


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

<b>DOCUMENT # 705208</b> 1. Entity Name <b>THE BROWNSVILLE BAPTIST CHURCH, INC.</b>	
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FILED  
Feb 22, 2007 08:00 AM  
Secretary of State

Principal Place of Business 2601 W STRONG STREET PENSACOLA FL 32505-4128	Mailing Address 2601 W STRONG STREET PENSACOLA FL 32505-4128
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/06)

City & State Zip Country	City & State Zip Country
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4. FEI Number <b>59-6002499</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  JACKSON, THOMAS 2406 INDA AVENUE PENSACOLA FL 32506	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;">FL</span> Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	TD FOSTER, JANE 909 N. 75TH AVE PENSACOLA FL	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000644001 03/02/07-80025-012 61.25
NAME	PD JACKSON, THOMAS 2406 INDA AVENUE PENSACOLA FL	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	DV JERNIGAN, N L 7488 BRIGHTWOOD ST PENSACOLA FL 32506	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	D GILLESPIE, WILLARD J 1120 NORTH V STREET PENSACOLA FL 32505	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	SD NICKLES, R J 3804 W CERVANTES ST PENSACOLA FL 32505		<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Thomas Jackson* **Thomas Jackson 2/2/07 (850) 944-2646**