

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705208

FILED  
Jan 14, 2009  
Secretary of State

**Entity Name:** THE BROWNSVILLE BAPTIST CHURCH, INC.

**Current Principal Place of Business:**

2601 W STRONG STREET  
PENSACOLA, FL 325054128

**New Principal Place of Business:**

**Current Mailing Address:**

2601 W STRONG STREET  
PENSACOLA, FL 325054128

**New Mailing Address:**

**FEI Number:** 59-6002499

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JACKSON, THOMAS  
2406 INDA AVENUE  
PENSACOLA, FL 32506 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: FOSTER, JANE  
Address: 909 N. 75TH AVE  
City-St-Zip: PENSACOLA, FL

Title: PD ( ) Delete  
Name: JACKSON, THOMAS,  
Address: 2406 INDA AVENUE  
City-St-Zip: PENSACOLA, FL

Title: DV ( ) Delete  
Name: JERNIGAN, N L  
Address: 7488 BRIGHTWOOD ST  
City-St-Zip: PENSACOLA, FL 32506

Title: D ( ) Delete  
Name: GILLESPIE, WILLARD J  
Address: 1120 NORTH V STREET  
City-St-Zip: PENSACOLA, FL 32505

Title: SD ( ) Delete  
Name: NICKLES, R J  
Address: 3804 W CERVANTES ST  
City-St-Zip: PENSACOLA, FL 32505

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANE FOSTER

TD

01/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date