## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

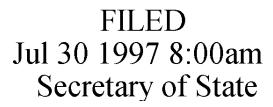
Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1997 DOCUMENT #

(1)

## BROWNSVILLE ASSEMBLY OF GOD CHURCH





Principal Plac	e of Business	Mailing Address	Mailing Address						
3100 W DESOTO ST PENSACOLA FL 32505		3100 W DESOTO ST PENSACOLA FL 32505-70	3100 W DESOTO ST PENSACOLA FL 32505-7005						
						3. Date Incorporated or Qualified 09/20/1971	3a. Date o	f Last R /08/19	
· ·	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number			plied For
21		26							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				6. Certificate of Status Desired	<b>⊠</b> \$		Additional
22			27			ree Required			
City & State		City & State	<del>} </del>			6. Election Campaign Financing \$5.00 May Be			
Zip	Country	7 in	Zip Country			Trust Fund Contribution		Added 1	
24	25			- ´		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			199.032,
241	9. Name and Address of Co		[30]	Т		10. Name and Address of New Reg			
				81	Name	to, maile and reactions of their mag	etorou Agui		
KILPATRICK, JOHN A									
	DESOTO ST		82 Street Ac			dress (P.O. Box Number is Not Acceptable	9)		
	OLA FL 32505			83	<del>.</del>				
I GITOTIC	OGT TE GEOOD			84	Oltri		1	. 1 - 5 2	
				1 1	City		FL 8	1 '	
11. Pursuant	to the provisions of Sections 617	7.0502 and 617.1508, Florida Statu	ites, the a	above	-named co	rporation submits this statement for the pu	rpose of cha	nging it	s registered
agent. I a	m familiar with, and accept the	obligations of, Section 617.0503, F	Iorida Sta	itutes.		ation's board of directors. I hereby accept	trio appointi	HOHL AS	iedisieien
SIGNATURE  Signature, typed or printed name of registered agent and liftle if applicable (NOTE: Registered Agent signature required when reinstating)  DATE									
12.		S AND DIRECTORS	13.		ii sigriature req	ADDITIONS/CHANGES TO OFFICE		FCTOR	S IN 12
TITLE	SD	DELETE	1.1 T			Tabilitate in table in the control		Change	Addition
NAME	YOUNGSTORM, JAMES R.		1.2 N	1.2 NAME					
STREET ADDRESS	4640 DEERFIELD DRIVE		1.3 STREET ADDRESS						
CITY-ST-ZIP	PENSACOLA FL	1001 4 51		CITY-ST	•				
TITLE	TD	DELETE	2.1 7		-			Change	Addition
NAME	BERRY, R L		2.2 NAM						
STREET ADDRESS	48 DELUNA DRIVE		2.3 STR		ADDRESS				
CITY-ST-ZIP	PENSACOLA FL	2.		2. 4 CITY-ST-ZIP					
TITLE	PD	DELETÉ 3.1		TLE				Change	Addition
NAME	KILPATRICK, JOHN A		3.2 N	AME					
STREET ADDRESS			3.3 S	3.3 STREET ADDRESS					
CITY-ST-ZIP	PENSACOLA FL			CITY-SI	r-ZIP				
TITLE		DELETE	4.1 T	ITLE				Change	Addition
NAME			4 2 1	NAME					
STREET ADDRESS			4.3 \$	TREET A	NODRESS				
CITY-ST-ZIP				4.4 CITY-ST-ZIP					
TITLE		☐ DELETE	5.1 Ti					Change	Addition
NAME				5.2 NAME					
STREET ADDRESS			5.3 S	TREET A	NDORESS				
CITY-ST-ZIP		——————————————————————————————————————		ITY - ST	- ZIP				
TITLE				5.1 TITLE			(	Change	Addition
NAME			6.2 N	AME					
STREET ADDRESS					DDRESS				
CITY-ST-ZIP			6.4 C	ITY-ST	- ZIP				

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3): Information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall had I am an officer or director of the corporation or the receiver or trustee empowered to execute this report is required by Chapappears in Block 12 or Block 13 if changed, or on an attachment with an address. 7(3)(i) Florida Statutes. I further certify that the all have the same legal effect as if made under oath; that Chapter 617, Florida Statutes; and that my name