

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90066 032 ****70.00

DOCUMENT # 721701

1. Entity Name

BROWNSVILLE ASSEMBLY OF GOD CHURCH

Principal Place of Business

**3100 W DESOTO ST
 PENSACOLA FL 32505**

Mailing Address

**3100 W DESOTO ST
 PENSACOLA FL 32505**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**KILPATRICK, JOHN A
 3100 W DESOTO ST
 PENSACOLA FL 32505**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> Delete
NAME	YOUNGSTORM, JAMES R.	
STREET ADDRESS	4640 DEERFIELD DRIVE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BERRY, R L	
STREET ADDRESS	48 DELUNA DRIVE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KILPATRICK, JOHN A	
STREET ADDRESS	3100 W DESOTO ST	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	CD	<input type="checkbox"/> Delete
NAME	MELTON, ELMER H	
STREET ADDRESS	1603 LARRY ST	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	STANTON, HIRAM C	
STREET ADDRESS	2701 N 17TH AVE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASTELMAN, LEX	
STREET ADDRESS	3271 WINDMILL CIRCLE	
CITY-ST-ZIP	CANTONMENT FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERRY, RL	
STREET ADDRESS	6220 LAKE CHARLENE DRIVE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____

[Handwritten Signature]

02/19/02 (820) 4633-3078

CR2E037 (9/01)