


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90334 016 \*\*\*\*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**

**14001485**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04062004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**NOT APPLICABLE** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>KILPATRICK, JOHN A                  3100 W DESOTO ST                  PENSACOLA, FL 32505</b>		Name <b>FELDSCHAU, LOUIS RANDAL</b> Street Address (P.O. Box Number is Not Acceptable) <b>3454 MARCUS POINTE BLVD.</b> City <b>PENSACOLA</b> FL Zip Code <b>32505</b>	

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 *[Signature]* **LOUIS RANDAL FELDSCHAU, SENIOR PASTOR/DIRECTOR** DATE **4/8/04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

Filing Fee is **\$61.25** Due by **May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>YOUNGSTORM, JAMES R.</b> <b>4640 DEERFIELD DRIVE</b> <b>PENSACOLA, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MELTON, ELMER H.</b> <b>1603 LARRY STREET</b> <b>PENSACOLA, FL 32505</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>BERRY, R L</b> <b>6220 LAKE CHARLENE DR.</b> <b>PENSACOLA, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TRUSSELL, ROBERT</b> <b>15335 HWY 95 NORTH</b> <b>ELBERTA, AL 36530</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>KILPATRICK, JOHN A</b> <b>3100 W DESOTO ST</b> <b>PENSACOLA, FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>FELDSCHAU, LOUIS RANDAL</b> <b>3454 MARCUS POINTE BLVD.</b> <b>PENSACOLA, FL 32505</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TISDALE, EDDIE</b> <b>930 RIDGE WAY</b> <b>CANTONMENT, FL 32533</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>URBAN, RUSS D</b> <b>5420 PONTE VERDE DRIVE</b> <b>PENSACOLA, FL 32507</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CASTELMAN, LEX</b> <b>3271 WINDMILL CIRCLE</b> <b>CANTONMENT, FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WILSON, DONALD E.</b> <b>2618 YOUNGWOOD LANE</b> <b>CANTONMENT, FL 32533</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *[Signature]* **LOUIS RANDAL FELDSCHAU, SENIOR PASTOR/DIRECTOR** DATE **4/8/04**  
Signature and typed or printed name of signing officer or director. Date Daytime Phone #