## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 721701** 

FILED Jan 16, 2008 Secretary of State

Entity Name: BROWNSVILLE ASSEMBLY OF GOD CHURCH

**Current Principal Place of Business: New Principal Place of Business:** 3100 W DESOTO ST PENSACOLA, FL 32505 **Current Mailing Address: New Mailing Address:** 3100 W DESOTO ST PENSACOLA, FL 32505 FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HORTON, EVON G 3100 W. DESOTO STREET PENSACOLA, FL 32505 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MICHAEL THOMAS. Name: Name: P.O. BOX 1303 Address: Address: City-St-Zip: PENSACOLA, FL 32596 City-St-Zip: Title: Title: () Delete (X) Change ( ) Addition GRIFFIN, KEN Name: MAYO, DAVID Name: Address: 3995 BAY POINT DR Address: 3100 W. DESOTO ST. City-St-Zip: GULF BREEZE, FL 32561 City-St-Zip: PENSACOLA, FL 32505 Title: () Delete Title: () Change () Addition NEWLIN, JOHN Name: Name: 5275 DURANGO PL Address: Address: City-St-Zip: PENSACOLA, FL 32504 City-St-Zip: Title: () Delete Title: () Change () Addition Name: STEVENS, JAMES Name: Address: 1631 AMANDA LANE Address: City-St-Zip: CANTONMENT, FL 32533 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition WILSON, DONALD E GRIFFIN, KEN Name: Name: 2618 YOUNGWOOD LANE 3995 BAY POINT DR. Address: Address: City-St-Zip: CANTONMENT, FL 32533 City-St-Zip: GULF BREEZE, FL 32561 Title: () Delete Title: () Change () Addition SEIBERT, MARK Name: Name: Address: 5916 BELLRIDGE TRAIL Address: PENSACOLA, FL 32526 City-St-Zip: 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: EVON G. HORTON PD 01/16/2008