

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721701

FILED
Apr 22, 2009
Secretary of State

Entity Name: BROWNSVILLE ASSEMBLY OF GOD CHURCH

Current Principal Place of Business:

3100 W DESOTO ST
PENSACOLA, FL 32505

New Principal Place of Business:

Current Mailing Address:

3100 W DESOTO ST
PENSACOLA, FL 32505

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HORTON, EVON G
3100 W. DESOTO STREET
PENSACOLA, FL 32505 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: SD () Delete
Name: MICHAEL THOMAS
Address: P.O. BOX 1303
City-St-Zip: PENSACOLA, FL 32596

Title: D () Delete
Name: MAYO, DAVID
Address: 3100 W. DESOTO ST.
City-St-Zip: PENSACOLA, FL 32505

Title: D (X) Delete
Name: NEWLIN, JOHN
Address: 5275 DURANGO PL
City-St-Zip: PENSACOLA, FL 32504

Title: D (X) Delete
Name: STEVENS, JAMES
Address: 1631 AMANDA LANE
City-St-Zip: CANTONMENT, FL 32533

Title: D () Delete
Name: GRIFFIN, KEN
Address: 3995 BAY POINT DR.
City-St-Zip: GULF BREEZE, FL 32561

Title: D () Delete
Name: SEIBERT, MARK
Address: 5916 BELLRIDGE TRAIL
City-St-Zip: PENSACOLA, FL 32526

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:

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: EVON HORTON

Electronic Signature of Signing Officer or Director

MR.

04/22/2009

Date