

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90049 047 ****61.25

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DOCUMENT # 731708

1. Corporation Name

THE BROWNSVILLE CHURCH OF CHRIST, INC.

Principal Place of Business

**4561 N.W. 33RD COURT
MIAMI FL 33142-4320**

Mailing Address

**4561 N.W. 33RD COURT
MIAMI FL 33142-4320**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

01/07/1975

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-6523676

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRYANT, PERRY
6930 N.W. 5TH AVENUE
MIAMI FL 33150**

81 Name **Eugene McClendon**

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

2174 NW 99 Street

83

84 City **Miami**

FL

85 Zip Code
33147

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **Eugene McClendon**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VD** ☐ DELETE
NAME **MCCLENDON, EUGENE**
STREET ADDRESS **2174 NW 99 STREET**
CITY-ST-ZIP **MIAMI FL 33147**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **STD** ☒ DELETE
NAME **BRYANT, PERRY**
STREET ADDRESS **6930 NW 5TH AVE**
CITY-ST-ZIP **MIAMI FL 33150**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE **PD** ☐ DELETE
NAME **HOLT, ROBERT L**
STREET ADDRESS **3071 N W 69 TERR**
CITY-ST-ZIP **MIAMI FL**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **D** ☐ DELETE
NAME **MCSWAIN, CHARLIE**
STREET ADDRESS **1460 NW 174TH STREET**
CITY-ST-ZIP **MIAMI FL**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **D** ☐ DELETE
NAME **HUTTON, GILES**
STREET ADDRESS **3150 N.W. 97TH ST.**
CITY-ST-ZIP **MIAMI FL**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Eugene McClendon**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)