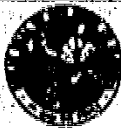


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Monahan
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 26 PM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000005142 (5)

1. Corporation Name

**RODNEY HOWARD-BROWNE EVANGELISTIC ASSOCIATION, I
NC.**

Principal Place of Business

Mailing Address

**17913 CROIX ISLE DRIVE
TAMPA FL 33647**

**17913 CROIX ISLE DRIVE
TAMPA FL 33647**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/15/1993

3a. Date of Last Report

05/01/1994

4. FBI Number

14-1742747

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 8875 HIDDEN RIVER PKWY 26 P.O. BOX 292888

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 110

27

City & State

City & State

23 TAMPA, FL

28 TAMPA, FL

Zip

Country

Zip

Country

24 33637 25 USA

29 33687 30 USA

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOWARD-BROWNE, RODNEY
17913 CROIX ISLE DRIVE
TAMPA FL 33647**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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 **O**
NAME **HOWARD-BROWNE, RODNEY**
STREET ADDRESS **17913 CROIX ISLE DRIVE**
CITY- ST- ZIP **TAMPA FL**

1.1 TITLE **P** ☒ Change ☐ Addition
1.2 NAME **HOWARD-BROWNE, RODNEY**
1.3 STREET ADDRESS **17913 CROIX ISLE DRIVE**
1.4 CITY- ST- ZIP **TAMPA, FL 33647**

TITLE **O**
NAME **HOWARD-BROWNE, ADONICA**
STREET ADDRESS **17913 CROIX ISLE DRIVE**
CITY- ST- ZIP **TAMPA FL**

2.1 TITLE **V** ☒ Change ☐ Addition
2.2 NAME **HOWARD-BROWNE, ADONICA**
2.3 STREET ADDRESS **17913 CROIX ISLE DRIVE**
2.4 CITY- ST- ZIP **TAMPA, FL 33647**

TITLE **O**
NAME **PRETORIUS, GERRY**
STREET ADDRESS **17913 CROIX ISLE DRIVE**
CITY- ST- ZIP **TAMPA FL**

3.1 TITLE **T/S** ☒ Change ☐ Addition
3.2 NAME **CLARK, RON**
3.3 STREET ADDRESS **2222 EAGLE BLUFF DR.**
3.4 CITY- ST- ZIP **VALRICO, FL 33594**

TITLE **D**
NAME **TEBBANO, PAUL**
STREET ADDRESS **303 GROOMS RD.**
CITY- ST- ZIP **CLIFTON PARK NY**

4.1 TITLE **Tr** ☒ Change ☐ Addition
4.2 NAME **SHELTON, RICK**
4.3 STREET ADDRESS **17316 RADCLIFFE PL. DRIVE**
4.4 CITY- ST- ZIP **EUREKA, MO 63025**

TITLE **D**
NAME **ROSE, MIKE**
STREET ADDRESS **303 GROOMS RD.**
CITY- ST- ZIP **CLIFTON PARK NY**

5.1 TITLE **Tr** ☒ Change ☐ Addition
5.2 NAME **NICHOLS, BOB**
5.3 STREET ADDRESS **401 OAKMONT LN. NORTH**
5.4 CITY- ST- ZIP **FT. WORTH, TX 76112**

TITLE **D**
NAME **NICHOLS, BOB**
STREET ADDRESS **303 GROOMS RD.**
CITY- ST- ZIP **CLIFTON PARK NY**

6.1 TITLE **delete** ☒ Change ☐ Addition
6.2 NAME **delete**
6.3 STREET ADDRESS **delete**
6.4 CITY- ST- ZIP **delete**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Adonica Howard-Browne

Adonica Howard-Browne V.P.

4/20/95

813/971-9999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #