FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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. FEI 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. 22 110	Suite, Apt. #, etc. 27
City & State 23 TAMPA, FL	City & State 28 TAMPA, FL
Zip / Country 24 33637 / 25 USA	Zip / Country 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

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

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	O	1.1 TITLE	P	☒ Change ☐ Addition
NAME	HOWARD-BROWNE, RODNEY	1.2 NAME	HOWARD-BROWNE, RODNEY	
STREET ADDRESS	17913 CROIX ISLE DRIVE	1.3 STREET ADDRESS	17913 CROIX ISLE DRIVE	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	TAMPA, FL 33647	
TITLE	O	2.1 TITLE	V	☒ Change ☐ Addition
NAME	HOWARD-BROWNE, ADONICA	2.2 NAME	HOWARD-BROWNE, ADONICA	
STREET ADDRESS	17913 CROIX ISLE DRIVE	2.3 STREET ADDRESS	17913 CROIX ISLE DRIVE	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	TAMPA, FL 33647	
TITLE	O	3.1 TITLE	T/S	☒ Change ☐ Addition
NAME	PRETORIUS, GERRY	3.2 NAME	CLARK, RON	
STREET ADDRESS	17913 CROIX ISLE DRIVE	3.3 STREET ADDRESS	2222 EAGLE BLUFF DR.	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	VALRICO, FL 33594	
TITLE	D	4.1 TITLE	Tr	☒ Change ☐ Addition
NAME	TEBBANO, PAUL	4.2 NAME	SHELTON, RICK	
STREET ADDRESS	303 GROOMS RD.	4.3 STREET ADDRESS	17316 RADCLIFFE PL. DRIVE	
CITY-ST-ZIP	CLIFTON PARK NY	4.4 CITY-ST-ZIP	EUREKA, MO 63025	
TITLE	D	5.1 TITLE	Tr	☒ Change ☐ Addition
NAME	ROSE, MIKE	5.2 NAME	NICHOLS, BOB	
STREET ADDRESS	303 GROOMS RD.	5.3 STREET ADDRESS	401 OAKMONT LN. NORTH	
CITY-ST-ZIP	CLIFTON PARK NY	5.4 CITY-ST-ZIP	FT. WORTH, TX 76112	
TITLE	D	6.1 TITLE	delete	☒ Change ☐ Addition
NAME	NICHOLS, BOB	6.2 NAME	delete	
STREET ADDRESS	303 GROOMS RD.	6.3 STREET ADDRESS	delete	
CITY-ST-ZIP	CLIFTON PARK NY	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 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.

SIGNATURE: Adonica Howard-Browne As Howard-Browne V.P. 4/20/95 813/971-9999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000443