

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90077 044 ****70.00

DOCUMENT # N01000007865

1. Entity Name

BRENTWOOD RESTORATION OUTREACH MINISTRIES, INC.

Principal Place of Business 4901 NORTH PALAFOX STREET PENSACOLA FL 32505	Mailing Address 4901 NORTH PALAFOX STREET PENSACOLA FL 32505
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3759916	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**VAUGHAN, RANDALL
 4901 NORTH PALAFOX STREET
 PENSACOLA FL 32505**

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	BROWN, DAVID
STREET ADDRESS	1601 CONDOR DRIVE
CITY-ST-ZIP	CANTONMENT FL 32533
TITLE	D <input type="checkbox"/> Delete
NAME	COX, ROBERT W
STREET ADDRESS	5306 BRISTOL AVENUE
CITY-ST-ZIP	PENSACOLA FL 32505
TITLE	D <input type="checkbox"/> Delete
NAME	FOWLER, DAVID
STREET ADDRESS	7714 DEBORAH AVENUE
CITY-ST-ZIP	PENSACOLA FL 32514
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	NEEL, EDWARD
STREET ADDRESS	7641 NORTHPOINTE DRIVE
CITY-ST-ZIP	PENSACOLA FL 32514
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	OWENS, ADRIAN
STREET ADDRESS	1458 N BLUE ANGEL PARKWAY
CITY-ST-ZIP	PENSACOLA FL 32506
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	TOMPkins, ANDREW
STREET ADDRESS	3725 ROLLING ACRES ROAD
CITY-ST-ZIP	PENSACOLA FL 32571

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCGRAW, GORDON
STREET ADDRESS	11 EDGEWATER DRIVE
CITY-ST-ZIP	PENSACOLA, FL 32507
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WELCH, CLAUDE T.
STREET ADDRESS	5750 FRANK REEDER RD
CITY-ST-ZIP	PENSACOLA, FL 32526
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMSON, CHARLES
STREET ADDRESS	7833 PETERSEN POINT RD
CITY-ST-ZIP	MILTON, FL 32583
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Walter D. Fisher
STREET ADDRESS	2299 B-2 Scenic Hwy
CITY-ST-ZIP	Pensacola, FL. 32503
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Box, Ray
STREET ADDRESS	1604 Americus Ave
CITY-ST-ZIP	Pensacola FL. 42507
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: *A. Randall Vaughan* **A. Randall Vaughan** **4-24-02** **850-432-0303**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)