

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

01-23-2006 90124 047 ***61.24
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01112006 Chg-NP CR2E037 (11/05)

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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3759916	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input checked="" type="checkbox"/> Not Applicable	
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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>RANDALL VAUGHAN</u> <u>PASTOR</u> 1/11/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D NAME BROWN, DAVID STREET ADDRESS 1601 CONDOR DRIVE CITY-ST-ZIP CANTONMENT, FL 32533	<input checked="" type="checkbox"/> Delete		TITLE D NAME THOMAS STOREY STREET ADDRESS 300 WEST ROSALYN WAY CITY-ST-ZIP PENSACOLA, FL 32505	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME COX, ROBERT W STREET ADDRESS 5306 BRISTOL AVENUE CITY-ST-ZIP PENSACOLA, FL 32505	<input checked="" type="checkbox"/> Delete		TITLE D NAME GORDON MCGRW STREET ADDRESS 11 EDGEWATER DR. CITY-ST-ZIP PENSACOLA, FL 32507	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME FISHER, WALTER D STREET ADDRESS 2299 B-2 SENIC HWY CITY-ST-ZIP PENSACOLA, FL 32503	<input checked="" type="checkbox"/> Delete		TITLE D NAME WALTER FISHER STREET ADDRESS 6472 SANDERS ST. CITY-ST-ZIP MILTON, FL 32570	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME WEAVER, WILLIAM STREET ADDRESS 207 MIRABELLE CIR CITY-ST-ZIP PENSACOLA, FL 32514	<input type="checkbox"/> Delete		TITLE D NAME CHARLES SALLEE STREET ADDRESS 7370 FRANK REEDER RD. CITY-ST-ZIP PENSACOLA, FL 32526	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME WELCH, CLAUDE T STREET ADDRESS 5750 FRANK REEDER RD CITY-ST-ZIP PENSACOLA, FL 32526	<input checked="" type="checkbox"/> Delete		TITLE D NAME WILLIAMSON, CHARLES STREET ADDRESS 7833 PETERSON POINT RD CITY-ST-ZIP MILTON, FL 32583	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 all other like empowered.					
SIGNATURE:			RANDALL VAUGHAN		
<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 1/11/06 850-432-0803		