

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007865

FILED  
Feb 10, 2009  
Secretary of State

**Entity Name:** BRENTWOOD RESTORATION OUTREACH MINISTRIES, INC.

**Current Principal Place of Business:**

4901 NORTH PALAFOX STREET  
PENSACOLA, FL 32505

**New Principal Place of Business:**

**Current Mailing Address:**

4901 NORTH PALAFOX STREET  
PENSACOLA, FL 32505

**New Mailing Address:**

**FEI Number:** 59-3759916

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VAUGHAN, ARTHUR R REV.  
4901 NORTH PALAFOX STREET  
PENSACOLA, FL 32505 US

**Name and Address of New Registered Agent:**

POSTON, MICHAEL W REV.  
4901 NORTH PALAFOX STREET  
PENSACOLA, FL 32505 US

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: MICHAEL W. POSTON

02/10/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: O ( ) Delete  
Name: ANDERSON, CLARENCE MR.  
Address: 911 SIDNEY E. MANNING BLVD.  
City-St-Zip: FLOMATON, AL 36441 US

Title: O ( ) Delete  
Name: WATSON, KENNETH MR.  
Address: 2131 LANSING DR.  
City-St-Zip: PENSACOLA, FL 32504 US

Title: D ( ) Delete  
Name: WELCH, CLAUDE T MR.  
Address: 5750 FRANK REEDER ROAD  
City-St-Zip: PENSACOLA, FL 32526 US

Title: O ( ) Delete  
Name: WEAVER, WILLIAM R MR.  
Address: 207 MIRABELLE CIR  
City-St-Zip: PENSACOLA, FL 32514 US

Title: O (X) Delete  
Name: LALOR, JOSH MR.  
Address: 1019 TRENTON DR.  
City-St-Zip: PENSACOLA, FL 32505 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: O (X) Change ( ) Addition  
Name: FISHER, WALTER MR.  
Address: 6472 SANDERS ST.  
City-St-Zip: MILTON, FL 32570 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAUDE T. WELCH

D

02/10/2009

Electronic Signature of Signing Officer or Director

Date