

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91177 025 ****61.25

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3759916**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-17-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **BROWN, DAVID**
STREET ADDRESS **1601 CONDOR DRIVE**
CITY-ST-ZIP **CANTONMENT FL 32533**

TITLE **D** ☐ Delete
NAME **COX, ROBERT W**
STREET ADDRESS **5306 BRISTOL AVENUE**
CITY-ST-ZIP **PENSACOLA FL 32505**

TITLE **D** ☒ Delete
NAME **FOWLER, DAVID**
STREET ADDRESS **7714 DEBORAH AVENUE**
CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE **D** ☒ Delete
NAME **MCGRAW, GORDON**
STREET ADDRESS **11 EDGEWATER DR**
CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE **D** ☐ Delete
NAME **WELCH, CLAUDE T**
STREET ADDRESS **5750 FRANK REEDER RD**
CITY-ST-ZIP **PENSACOLA FL 32526**

TITLE **D** ☐ Delete
NAME **WILLIAMSON, CHARLES**
STREET ADDRESS **7833 PETERSON POINT RD**
CITY-ST-ZIP **MILTON FL 32583**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **FISHER, WALTER D**
STREET ADDRESS **2299 B-2 Scenic HWY**
CITY-ST-ZIP **Pensacola, FL 32503**

TITLE **D** ☐ Change ☒ Addition
NAME **BOX, Ray**
STREET ADDRESS **1604 Americus AVE**
CITY-ST-ZIP **Pensacola, FL 32507**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 reports 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 without other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4/14/03

850 432-0303

CR2E037 (10/02)