

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

APPROVED  
AND  
FILED

06 SEP 15 AM 10:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N02000001812

1. Entity Name  
CASSIE SORRELL-BROWN MINISTRIES, INC.



Principal Place of Business  
17450 SW 296TH ST.  
MIAMI, FL 33030

Mailing Address  
17450 SW 296TH ST.  
MIAMI, FL 33030



07242006 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
74-3103761

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

SORRELL-BROWN, CASSIE  
17450 SW 296TH ST.  
MIAMI, FL 33030

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IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

600079940926  
09/13/06--01018--008 \*\*\$61.25

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME SORRELL-BROWN, CASSIE  
STREET ADDRESS 17450 SW 296TH ST.  
CITY-ST-ZIP MIAMI, FL 33030

TITLE D  
NAME EASTERLING, SUSIE  
STREET ADDRESS 2515 NW 107TH ST.  
CITY-ST-ZIP MIAMI, FL 33167

TITLE D  
NAME MCCUTHEN, VENUS  
STREET ADDRESS 18200 NW 20TH AVE., APT. 12  
CITY-ST-ZIP MIAMI, FL 33056

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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: *Cassie Sorrell-Brown* - Cassie Sorrell-Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/6/06

(305) 248-4886

Date

Daytime Phone #

*2006*