2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008
Secretary of State

DOCUMENT# N02000001812

Entity Name: CASSIE SORRELL-BROWN MINISTRIES, INC.

Current Principal Place of Business:

17450 SW 296TH ST.
MIAMI, FL 33030

New Principal Place of Business:

Current Mailing Address:

17450 SW 296TH ST.
MIAMI, FL 33030

New Mailing Address:

FEI Number: 74-3103761 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

SORRELLS-BROWN, CASSIE DR.
17450 SW 296TH ST.
MIAMI, FL 33030 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: DR. CASSIE SORRELLS-BROWN 05/02/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SORRELL-BROWN, CASSIE
Address: 17450 SW 296TH ST.
City-St-Zip: MIAMI, FL 33030

Title: D ( ) Delete
Name: EASTERLING, SUSIE
Address: 2515 NW 107TH ST.
City-St-Zip: MIAMI, FL 33167

Title: D ( ) Delete
Name: SHENEQUA, WARD
Address: 3351 NW 189TH STREET
City-St-Zip: MIAMI, FL 33056

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change ( ) Addition
Name: SORRELLS-BROWN, CASSIE DR.
Address: 17450 SW 296TH ST.
City-St-Zip: MIAMI, FL 33030

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: DR. CASSIE SORRELLS-BROWN PTSD 05/02/2008
Electronic Signature of Signing Officer or Director Date