## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000008950

Entity Name: H. BROWN MINISTRIES, INC.

FILED Jul 08, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

501 SW 75TH STREET 7257 NW 4TH BLVD

SUITE #F5 BOX 263

GAINESVILLE, FL 32607 GAINESVILLE, FL 32607

Current Mailing Address: New Mailing Address:

501 SW 75TH STREET 7257 NW 4TH BLVD

SUITE #F5 BOX 263

GAINESVILLE, FL 32607 US GAINESVILLE, FL 32607 US

FEI Number: 20-0320264 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: Name and Address of New Registered Agent:

BROWN, HUBERT JR.
501 SW 75TH STREET
APT. #F5
GAINESVILLE, FL 32607 US
BROWN, HUBERT JR.
1105 FORT CLARKE BLVD
APT. # 1410
GAINESVILLE, FL 32606 US

7. WILE VILLE, 1 E 52501 55

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: HUBERT BROWN JR. 07/08/2006

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:PRES () DeleteTitle:DR (X) Change () AdditionName:BROWN, HUBERT PRESName:BROWN, HUBERT PRESAddress:501 SW 75TH STREETAddress:1105 FORT CLARKE BLVDCity-St-Zip:GAINESVILLE, FL 32607City-St-Zip:GAINESVILLE, FL 32606

Title: ( ) Delete Title: MRS ( ) Change (X) Addition

 Name:
 Name:
 SYLVESTER, LIBBY SEC

 Address:
 Address:
 8117 SW 12 TH PLACE

 City-St-Zip:
 City-St-Zip:
 GAINESVILLE, FL 32607

 Title:
 ( ) Delete
 Title:
 MRS. ( ) Change (X) Addition

 Name:
 Name:
 BROWN, ANGELA M COO

 Address:
 Address:
 1105 FORT CLARKE BLVD. #1410

 City-St-Zip:
 GAINESVILLE, FL 32606

I hereby certify that the information supplied with this filing does not qualify for the 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: HUBERT BROWN JR DR 07/08/2006