

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004087

FILED  
May 09, 2008  
Secretary of State

**Entity Name:** D.L. BROWN INTERNATIONAL MINISTRIES, INC.

**Current Principal Place of Business:**

204575 SW 5TH STREET  
PEMBROKE PINES, FL 33029

**New Principal Place of Business:**

**Current Mailing Address:**

204575 SW 5TH STREET  
PEMBROKE PINES, FL 33029

**New Mailing Address:**

**FEI Number:** 71-1005117      **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, DELPHA APOSTLE  
204575 SW 5TH STREET  
PEMBROKE PINES, FL 33029      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: BROWN, DELPHA L APOSTLE  
Address: 204575 SW 5TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VPD      ( ) Delete  
Name: BROWN, ANTHONY CO-PAST  
Address: 204575 SW 5TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VPD      ( ) Delete  
Name: MUSGROVE, ALMADA APOSTLE  
Address: 6025 SW 39 STREET  
City-St-Zip: MIRAMAR, FL 33023

Title: TD      ( ) Delete  
Name: CLARKE, DELERICE  
Address: 204575 SW 5TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D      ( ) Delete  
Name: MUSGROVE NEWMAN, LYDIA MINISTE  
Address: 811 SW 67TH AVE  
City-St-Zip: N LAUDERDALE, FL 33068

Title: D      ( ) Delete  
Name: MUSGROVE, ISAIAH M ELDER  
Address: 2808 CANAL RD  
City-St-Zip: MIAMI, FL 33068

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

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

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

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

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: DELPHA L BROWN

APOS

05/09/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date