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Apr 09 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000001095 (8)

1. Corporation Name

JEFFREY BROWN MINISTRIES, INC.



Principal Place of Business

Mailing Address

177 HIDDEN SPRINGS CIRCLE  
KISSIMMEE FL 34743177 HIDDEN SPRINGS CIRCLE  
KISSIMMEE FL 34743-6120

3. Date Incorporated or Qualified

03/04/1994

3a. Date of Last Report

01/31/1996

2. Principal Place of Business

21 2933 ELBERT WAY

2a. Mailing Address

26 2933 ELBERT WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-3228601

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAW FIRM OF LAWRENCE J. SPIEGEL CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETENAME BROWN, JEFFREY  
STREET ADDRESS 177 HIDDEN SPRINGS CIRCLE  
CITY - ST - ZIP KISSIMMEE FL 34743

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2933 ELBERT WAY  
KISSIMMEE, FLORIDA 34758-2812☒ Change☐ AdditionTITLE D ☐ DELETENAME BROWN, STEPHEN A.  
STREET ADDRESS 3901 LAUREL BRANCH COURT  
CITY - ST - ZIP LAKELAND FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change☐ AdditionTITLE DST ☐ DELETENAME BROWN, JOAN  
STREET ADDRESS 177 HIDDEN SPRINGS CIRCLE  
CITY - ST - ZIP KISSIMMEE FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

2933 ELBERT WAY  
KISSIMMEE FLORIDA 34758-2812☒ Change☐ AdditionTITLE D ☐ DELETENAME LAMB, EDDIE  
STREET ADDRESS P. O. BOX 92863  
CITY - ST - ZIP LAKELAND FL

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

316 KENT ROAD  
LAKELAND FLORIDA 33809☒ Change☐ AdditionTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change☐ AdditionTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change☐ Addition

14. I do 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 annual report or supplemental annual 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 recorder or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 23 1997 407-944-1671

CR2E037 (9/96)