

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000006187 (8)

1. Corporation Name

BAZIL HOWARD-BROWNE EVANGELISTIC MINISTRY, INC.



Principal Place of Business

1383 OAKFIELD DRIVE
BRANDON FL 33511
US

Mailing Address

P.O. BOX 2145
BRANDON FL 33509
US

3. Date Incorporated or Qualified
12/16/1994

3a. Date of Last Report
04/12/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-3283879

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. 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

BING, ANITA K
100 S. ASHLEY DR.
SUITE 2100
TAMPA FL 33602

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 D
NAME HOWARD-BROWNE, BAZIL
STREET ADDRESS 18544 OTTERWOOD FR.
CITY-ST-ZIP TAMPA FL

☐ DELETE

1.1 TITLE P
1.2 NAME HOWARD-BROWNE, BAZIL
1.3 STREET ADDRESS 9427 BLUEBIRD DR
1.4 CITY-ST-ZIP TAMPA, FL 33647

☒ Change

☐ Addition

TITLE D
NAME HOWARD-BROWNE, ANN M
STREET ADDRESS 18544 OTTERWOOD DR.
CITY-ST-ZIP TAMPA FL

☐ DELETE

2.1 TITLE V
2.2 NAME HOWARD-BROWNE, ANN
2.3 STREET ADDRESS 9427 BLUEBIRD DR
2.4 CITY-ST-ZIP TAMPA, FL 33647

☒ Change

☐ Addition

TITLE D
NAME TRACY, DUANE
STREET ADDRESS 2257 FLORENCE RD.
CITY-ST-ZIP KELLER TX 76262

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D
NAME HOWARD-BROWNE, RODNEY
STREET ADDRESS 17913 ST. CROIX ISLE DR.
CITY-ST-ZIP TAMPA FL 33647

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D
NAME HOUSE, TERRY L
STREET ADDRESS #2 VICTORY DR.
CITY-ST-ZIP PEVELY MO 63070

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE D
6.2 NAME JERVELO, MICHAEL
6.3 STREET ADDRESS 431 HERKIMER RD
6.4 CITY-ST-ZIP UTICA, NY 13502

☐ Change

☒ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 receiver 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 on an attachment with an address.

SIGNATURE:

Bazil Howard-Browne

BAZIL HOWARD-BROWNE

4/19/96

(813) 654 2550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)