

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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	Mailing Address
1383 OAKFIELD DRIVE BRANDON FL 33511 US	P.O. BOX 2145 BRANDON FL 33509-2145 US

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 12/16/1994	3a. Date of Last Report 04/16/1996
--	--

4. FEI Number 59-3283879	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	------------------------------------

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	
BING, ANITA K 100 S. ASHLEY DR. SUITE 2100 TAMPA FL 33602	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> DELETE
NAME	HOWARD-BROWNE, BAZIL
STREET ADDRESS	9427 BLUEBIRD DR
CITY-ST-ZIP	TAMPA FL
TITLE	V <input type="checkbox"/> DELETE
NAME	HOWARD-BROWNE, ANN M
STREET ADDRESS	9427 BLUEBIRD DR
CITY-ST-ZIP	TAMPA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	TRACY, DUANE
STREET ADDRESS	2257 FLORENCE RD.
CITY-ST-ZIP	KELLER TX 76262
TITLE	D <input type="checkbox"/> DELETE
NAME	HOWARD-BROWNE, RODNEY
STREET ADDRESS	17913 ST. CROIX ISLE DR.
CITY-ST-ZIP	TAMPA FL 33647
TITLE	D <input type="checkbox"/> DELETE
NAME	HOUSE, TERRY L
STREET ADDRESS	#2 VICTORY DR.
CITY-ST-ZIP	PEVELY MO 63070
TITLE	D <input type="checkbox"/> DELETE
NAME	SERVELLO, MICHAEL
STREET ADDRESS	931 HERKIMER RD.
CITY-ST-ZIP	UTICA NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HOWARD-BROWNE, BAZIL
1.3 STREET ADDRESS	1381 OAKFIELD DRIVE
1.4 CITY-ST-ZIP	BRANDON, FL 33511
2.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HOWARD-BROWNE, ANN M
2.3 STREET ADDRESS	1381 OAKFIELD DRIVE
2.4 CITY-ST-ZIP	BRANDON, FL 33511
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	HOWARD-BROWNE, RODNEY
4.3 STREET ADDRESS	16057 TAMPA PALMS BLVD, #W209
4.4 CITY-ST-ZIP	TAMPA, FL 33647
5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	HOUSE, TERRY L
5.3 STREET ADDRESS	#1 VICTORY DRIVE
5.4 CITY-ST-ZIP	PEVELY, MO 63070
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 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: Basil Howard Browne REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-97

Date

Daytime Phone # 0045348

CP2E037 (9/96)