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Aug 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000003048**
 1. Corporation Name **Brown Memorial Holiness Church, INC**

Principal Place of Business 182 Bruce Ave Defuniak Spgs. FL 32433	Mailing Address 513 S. 19th St. Apt. 305 Defuniak Spgs. FL 32433
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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3. Date Incorporated or Qualified	3a. Date of Last Report 6-97
4. FEI Number 59-3357386	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent
Rose Caldwell
315 S. 19th St. #304
Defuniak Springs FL 32433

10. Name and Address of New Registered Agent
N/A

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 **Rose Caldwell** **Pastor Overseer** **6-29-97**

12. OFFICERS AND DIRECTORS	
TITLE <input checked="" type="checkbox"/> DELETE	NAME
NAME	STREET ADDRESS
CITY-ST-ZIP	
TITLE <input checked="" type="checkbox"/> DELETE	NAME
NAME	STREET ADDRESS
CITY-ST-ZIP	
TITLE <input checked="" type="checkbox"/> DELETE	NAME
NAME	STREET ADDRESS
CITY-ST-ZIP	
TITLE <input checked="" type="checkbox"/> DELETE	NAME
NAME	STREET ADDRESS
CITY-ST-ZIP	
TITLE <input checked="" type="checkbox"/> DELETE	NAME
NAME	STREET ADDRESS
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME
1.2 NAME	STREET ADDRESS
1.3 STREET ADDRESS	CITY-ST-ZIP
2.1 TITLE <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME
2.2 NAME	STREET ADDRESS
2.3 STREET ADDRESS	CITY-ST-ZIP
3.1 TITLE <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME
3.2 NAME	STREET ADDRESS
3.3 STREET ADDRESS	CITY-ST-ZIP
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
4.2 NAME	STREET ADDRESS
4.3 STREET ADDRESS	CITY-ST-ZIP
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
5.2 NAME	STREET ADDRESS
5.3 STREET ADDRESS	CITY-ST-ZIP
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
6.2 NAME	STREET ADDRESS
6.3 STREET ADDRESS	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: **Rose Caldwell** **6-29-97** **892-9134**

DATE DAYTIME PHONE #

CR2E037 (9/96)