1 1 11 - 11	FILING FEE IS \$6	1.25		
NONPROFIT CORPORATION	FLORIDA DEPA	RTMENT OF STATE B. Mortham	FILED	
ANNUAL REPORT		ary of State	Aug 12 1996 8:00 a	am
1996	DIVISION OF	CORPORATIONS	Secretary of State	AIII
OCUMENT # N9	5000004673 (8	3)	Occident of Otale	
CHURCH OF COMMUNITY	SERVICE AND BROTHERHO	OOD INC.	 	
rincipal Place of Business	Mailing Address		-{	iotio iddas iisi iaui
P O BOX 186	P O BOX 186 ARCHER FL 32618		_	
ARCHER FL 32618	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		3. Date incorporated or Qualified 3a. Date of La 09/28/1995	ast Report Applied For
, Principal Place of Business	2a. Mailing Address	186	4. FEI Number	Not Applicable
10451 NE 125 A Suite, Apt. #, etc.	Sure, Apr. #, etc.	.,,,,	I - o ve i 4 Ot-tus Donisod I I T - 1	.75 Additional ee Required
City State	27 Africa	Florida	6. Election outripaign mentals	5.00 May Be
Bronson Florida	28 AKCHEN	Country /	This corporation has liability for intangible tax upde	
731/91 m /eu	1 29 326 18	30 Clachaus	Florida Statutes Yes WNo 10. Name and Address of New Registered Agent	
9, Name and Address	s of Current Registered Agent	81 Name	Boowise Istilliam A	•
SENIOR, WILLIAM B Will	liam A. Brown SR.	82 Street Add	less (P.O. Box Number is Not Acceptable)	
10451 NE 125 AVE		83		
RMONSON FL 32621		84 City	FL B5	Zip Code
At Purculant to the provisions of Section	ns 617.0502 and 617.1508, Florida Sta		ration submits this statement for the purpose of changing ind of directors. I hereby accept the appointment as regist	its registered office ered agent. I am
or registered agent, or both, in the S familiar with, and accept the obligati	State of Florida. Such change was autho one of, Section 617.0503, Florida Statu	tes.	ration submits this statement for the purpose of changing and of directors. I hereby accept the appointment as regist $3-25-96$	
and the first of	registered agent and title if applicable.	(NOTE Registered Agent signature require		
Signature, typed or printed name of			ad when reinstaling)	CTORS IN 12
12 OF	FICERS AND DIRECTORS	13.	ad when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECT Cha	CTORS IN 12 ange Addition
12. OF	FICERS AND DIRECTORS DELETE	. 13. 11 TITLE 1.2 NAME	ADDITIONS/CHANGES TO DEFICERS AND DIRE	CTORS IN 12 ange Addition
12. OF TITLE D TRESIDENT NAME D'ILLIAN STREET ADDRESS 10 451 NE	FICERS AND DIRECTORS -Directon Delete A. Brut 25 Ave	13. 11 TITLE 1.2 NAME 13 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND DIFF	ange 🗌 Addition
12. OF TITLE D PRESIDENT NAME DIPLIFE STREET ADDRESS 15 451 NE CITY-SI-ZIP Bronson 1:	A. Baws -/a. 3262/	13. 11 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	ADDITIONS/CHANGES TO DEFICERS AND DIRE	ange 🗌 Addition
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