


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # N96000005660		
1. Entity Name BROWNVILLE BAPTIST CHURCH, INC.		

Principal Place of Business 7015 NE HWY 17 ARCADIA, FL 34266 US	Mailing Address 7015 NE HWY 17 ARCADIA, FL 34266 US
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01192005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2535071	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent STARK, JAMES 8500 N.E. WILLIAMS ROAD ARCADIA, FL 34266

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STARK, JAMES 8500 N.E. WILLIAMS ROAD ARCADIA, FL 34266
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SPOON, CLAYTON 3059 N.E. CRYSTAL STREET ARCADIA, FL 34266
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BLACKMON, VIRGINIA EAST 905 CHARLES STREET ARCADIA, FL 34266
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01/25/05-80089-013 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: Clayton Spoon CLAYTON SPOON 1/14/05 863-494-6423
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #