

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 29 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000005898 (9)**

1. Corporation Name

**THE BROWN PATCH SOCIETY, INC.**



Principal Place of Business <b>184 WILDFLOWER LANE PENSACOLA FL 32514</b>	Mailing Address <b>184 WILDFLOWER LANE PENSACOLA FL 32514-6651</b>
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2. Principal Place of Business <b>21 7502 Harvest Village Blvd</b> Suite, Apt. #, etc.	2a. Mailing Address <b>27 7502 Harvest Village Blvd</b> Suite, Apt. #, etc.
<b>22 A</b> City & State	<b>27 A</b> City & State
<b>23 Navarre, FL</b> Zip	<b>28 Navarre, FL</b> Zip
<b>24 32566</b> Country	<b>29 32566</b> Country
<b>25</b>	<b>30</b>

3. Date Incorporated or Qualified <b>11/14/1996</b>	3a. Date of Last Report
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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 <b>BROWN, CHARLES J 184 WILDFLOWER LANE PENSACOLA FL 32514</b>	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable) <b>7502 Harvest Village Blvd.</b>
83 Suite A	84 City <b>Navarre</b>
85 FL	86 Zip Code <b>32566</b>

10. Name and Address of New Registered Agent	
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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]* **PSTD C.J. BROWN 4/7/97** DATE

12. OFFICERS AND DIRECTORS	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE
NAME <b>BROWN, CHARLES J</b>	
STREET ADDRESS <b>POST OFFICE BOX 192</b>	
CITY-ST-ZIP <b>SHALIMAR FL 32579</b>	
TITLE <b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>DE FRIES, KATHERINE J</b>	
STREET ADDRESS <b>2995 MEREDITH DRIVE</b>	
CITY-ST-ZIP <b>PENSACOLA FL 32504</b>	
TITLE <b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>PICKFORD, RENE' D</b>	
STREET ADDRESS <b>184 WILDFLOWER LANE</b>	
CITY-ST-ZIP <b>PENSACOLA FL 32514</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>PSTD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS <b>724 KAREN AV</b>	
1.4 CITY-ST-ZIP <b>FT Walton Beach, FL 32547</b>	
2.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME <b>Ann M. Brown</b>	
2.3 STREET ADDRESS <b>724 KAREN AV</b>	
2.4 CITY-ST-ZIP <b>FT WALTON BEACH, FL 32547</b>	
3.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME <b>John Nelbrich</b>	
3.3 STREET ADDRESS <b>720 KAREN AV</b>	
3.4 CITY-ST-ZIP <b>FT WALTON BEACH, FL 32547</b>	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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.

(904) 936-0066

CR2E037 (9/96)