FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Jun 21, 1999 8:00 am Secretary of State

06-21-1999 90007 009 ****61.25

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DOCUMENT # N9600000607

1. Corporation Name

J. L. BROWN MINISTRIES, INC.

Principal Place of Business
2640 OLD BAINBRIDGE ROAD
TALLAHASSEE FL 32303

Mailing Address

3124 SHANNON LAKES NORTH TALLAHASSEE FL 32308

										·	
2. Prir	Principal Place of Business 2a. Mailing Address						Date Incorporated or Qualifed				
21	26						11/27/1996				
Sui	uite, Apt. #, etc. Suite, Apt. #, etc.						4. FEI Number	•	<u> </u>	olied For	
22	27						59-3504215			Applicable	
City	City & State City & State						5. Certifcate of Status Desired	\$	8.75 A		
23	28								Fee Re		
— ·	Zip Country Zip				ıntry		6. Election Campaign Financing		\$5.00 Added to	· · · · · · · · · · · · · · · · · · ·	
24 25 29 30					т		Trust Fund Contribution 10. Name and Address of New Regis	tered Ane		71992	
		9. Name and Address of Current	Registered Agent		81	Name	10. Harrie alla Address di New Itagio	torou mgo		· · ·	
		JOSEPH L DR.			82 Street Address (P.O. Box Number is Not Acceptable)						
		NNON LAKES NORTH			83	2					
TAL	LLAHAS	SSEE FL 32308 ·		63							
			•		84	City		FL	Zip C	ode	
- 11 D	III II	to the provisions of Sections 617 0503	and 617 1508 Florida State	ites the a	bove	-named	corporation submits this statement for the purpo	ose of cha	nging its	registered	
of	ffice or re	egistered agent, or both, in the State o	of Florida. Such change was	authorized	ו על פ	the corpo	pration's board of directors. I hereby accept the	appointm	ent as reg	jistered	
aç	gent. I ai	m familiar with, and accept the obligati	ions of, Section 617.0503, Fl	lorida Stat	utes.	-					
SIGNA	ATURE	Signature, typed or printed name of registered agent	and title if andiroble (NO)	F: Registerer	1 Agen	t signature re	equired when reinstating) Di	ATE			
12.		OFFICERS AND		13.		,	ADDITIONS/CHANGES TO OFFICE	RS AND D	IRECTO	RS IN 12	
TITLE		PD	DELETE	1.1 1	TLE				Change	Addition	
NAME		BROWN, JOSEPH L ELDER		1.2 N	AME						
			1.3 \$	TREET	ADDRESS				•		
CITY-ST	This take OFF Ft coops		1.4 C	ITY-ST	r-zip						
TILE		D	☐ DELETE	2.1 T	TLE				Change	☐ Addition	
NAME		BROWN, EDNA S		2.2 N	AME						
STREET	STREET ADDRESS 3124 SHANNON LAKES NORTH			2.3 8*		ADDRESS					
CITY-ST	7411 4114 00FF FL 00000		2.40	2. 4 CITY-ST-ZIP		<u></u>					
TITLE		D	☐ DELETE	3.1 T	TLE				Change_	Addition	
NAME		BROWN, JOSEPH II		3.2 N	AME	1					
STREET	ADDRESS	3124 SHANNON LAKES NORTH	1	3.3 S	TREET	ADDRESS				!	
CITY-ST	-ZIP	TALLAHASSEE FL 32308		3.4. 0	TY-S	T-ZIP					
TITLE		D	☐ DELETE	4.1 Ti	ME	-	<u> </u>] Change	Addition	
NAME	•]	MCELRATH, RONALD M ELDER		4.21	VAME	J					
STREET	ADDRESS	2901 SETTING SUN TRAIL		4.3 S	TREET	ADDRESS					
CITY-ST-	-ZIP	TALLAHASSEE FL 32303		4.4 C	TY-ST	r-zip					
TITLE		STD	☐ DELETE	5.1 T	TLE			[4) Ch ange	Addition	
NAME)	JONES, SONYA R		5.2 N	AME	1		- 0			
STREET	ADDRESS	280 JOHN KNOX ROAD APT 20	9 -	5.3 S	TREET	ADDRESS	1802 SYLAN CT. UNIT	7 0			
CITY-ST	-ZIP	TALLAHASSEE FL 32303			ITY-SI	f-ZiP	1802 SYLAN CT. UNITALIANASSEE FI 3230	3			
TITLE			☐ DELETE	6.1 T	ITLE			, [] Change	Addition	
NAME	}			6.2 N	AME	l					
STREET	ADDRESS			6.3 S	TREET	ADDRESS	,			1	

CITY-ST-ZIP 14. I 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 arri 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: