

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jun 21, 2004
Secretary of State**

DOCUMENT# N96000006071

Entity Name: J. L. BROWN MINISTRIES, INC.

Current Principal Place of Business:

2640 OLD BAINBRIDGE ROAD
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

2184 GATES DRIVE
TALLAHASSEE, FL 32312

New Mailing Address:

FEI Number: 59-3504215 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, JOSEPH L DR.
2184 GATES DRIVE
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BROWN, JOSEPH L ELDER
Address: 2184 GATES DR.
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: BROWN, EDNA S
Address: 2184 GATES DR.
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: BROWN, JOSEPH II
Address: 2184 GATES DR.
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: MCEL RATH, RONALD M ELDER
Address: 6016 WOODSPRING DR.
City-St-Zip: HOPE MILLS, NC 28348

Title: STD () Delete
Name: BROWN, JODIE D
Address: 2184 GATES DR
City-St-Zip: TALLAHASSEE, FL 32172

Title: D () Delete
Name: BROWN, JOEDRECKA S
Address: 8 BELLEVIEW BLVD UNIT 202
City-St-Zip: CHICAGO, IL 60302

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH BROWN

PD

06/21/2004

Electronic Signature of Signing Officer or Director

Date

DR. HOPE EADY
1555 DELANEY DRIVE
APT. 412
TALLAHASSEE, FL 32309