

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006071

FILED  
Mar 27, 2007  
Secretary of State

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 DR.  
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: EADY, HOPE  
Address: 673 WEST FOURTH AVENUE  
City-St-Zip: TALLAHASSEE, FL 32304

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

Title: STD ( ) Delete  
Name: JOHNSON, DONDRIEC L  
Address: 3138 SOUTH FULMER CIRCLE  
City-St-Zip: TALLAHASSEE, FL 32303

Title: D ( ) Delete  
Name: BROWN, JOEDRECKA S  
Address: 8 BELLEVIEW BLVD UNIT 202  
City-St-Zip: BELLEAIR, FL 33756

**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  
Name:  
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 Chapter 119, 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

03/27/2007

Electronic Signature of Signing Officer or Director

Date