

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006071

FILED
Apr 15, 2009
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, DONDRIECK 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: D (X) Change () Addition
Name: EADY, HOPE
Address: 2816 BOTANY PLACE
City-St-Zip: TALLAHASSEE, FL 32301

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

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

Title: D (X) Change () Addition
Name: BROWN, JOEDRECKA S
Address: 12613 BASSBROOK LANE
City-St-Zip: TAMPA, FL 33626

I hereby certify that the information supplied with this filing does not qualify 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: DR. JOSEPH L. BROWN

PD

04/15/2009

Electronic Signature of Signing Officer or Director

_____ Date