


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 11, 2003 8:00 am**  
**Secretary of State**

02-11-2003 90079 023 \*\*\*\*61.25

**DOCUMENT # N96000006071**

1. Entity Name  
**J. L. BROWN MINISTRIES, INC.**




Principal Place of Business  
**2640 OLD BAINBRIDGE ROAD  
TALLAHASSEE FL 32303**

Mailing Address  
**2184 GATES DRIVE  
TALLAHASSEE FL 32312**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3504215** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BROWN, JOSEPH L DR.  
3124 SHANNON LAKES NORTH  
TALLAHASSEE FL 32308**

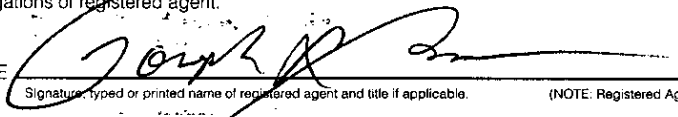
7. Name and Address of New Registered Agent

Name **BROWN, JOSEPH L. DR.**

Street Address (P.O. Box Number is Not Acceptable)  
**2184 GATES DRIVE**

City **Tallahassee FL** Zip Code **32312**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **02-08-03**

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>BROWN, JOSEPH L ELDER</b>	
STREET ADDRESS	<b>2184 GATES DR.</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32312</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>BROWN, EDNA S</b>	
STREET ADDRESS	<b>2184 GATES DR.</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32312</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>BROWN, JOSEPH II</b>	
STREET ADDRESS	<b>2184 GATES DR.</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32312</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>MCELRATH, RONALD M ELDER</b>	
STREET ADDRESS	<b>6016 WOODSPRING DR.</b>	
CITY-ST-ZIP	<b>HOPE MILLS NC 28348</b>	
TITLE	STD	<input type="checkbox"/> Delete
NAME	<b>BROWN, JODIE D</b>	
STREET ADDRESS	<b>419 WASHINGTON BLVD., #3W</b>	
CITY-ST-ZIP	<b>CHICAGO IL 60602</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>BROWN, JOEDRECKA S</b>	
STREET ADDRESS	<b>419 WASHINGTON BLVD., #3W</b>	
CITY-ST-ZIP	<b>CHICAGO IL 60602</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>2184 GATES DR</b>	
CITY-ST-ZIP	<b>Tallahassee FL 32312</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>8 Bellevue Blvd Unit 202</b>	
CITY-ST-ZIP	<b>Belleair FL 33756-1967</b>	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE **02-08-03** **893-4600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)