


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90030 048 \*\*\*\*61.25

0078019

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N97000000459</b>					
1. Corporation Name <b>BROWNSVILLE REVIVAL SCHOOL OF MINISTRY, INC.</b>					
Principal Place of Business 8594 HWY 98 W PENSACOLA FL 32506 US			Mailing Address 8594 HWY 98 W PENSACOLA FL 32506 US		

125216 90030 48



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/22/1997</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>59-3410585</b>	
22 City & State		27 City & State		Applied For Not Applicable	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 Country		30 Country		6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				Trust Fund Contribution <input type="checkbox"/>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>BERRY, R. L.</b> <b>8594 KHWY 98 W</b> <b>PENSACOLA FL 32506</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City <b>FL</b> 85 Zip Code			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both; in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KILPATRICK, JOHN A			1.2 NAME	Youngstrom, James Randy		
STREET ADDRESS	3100 WEST DESOTO STREET			1.3 STREET ADDRESS	4640 Deerfield Drive		
CITY-ST-ZIP	PENSACOLA FL 32505			1.4 CITY-ST-ZIP	Pensacola, FL 32526-4313		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	STANTON, HIRAM			2.2 NAME	Robertson, Carey		
STREET ADDRESS	2701 NORTH 17TH STREET			2.3 STREET ADDRESS	2012 Downing Drive		
CITY-ST-ZIP	PENSACOLA FL 32503			2.4 CITY-ST-ZIP	Pensacola, FL 32505		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CASTLEMAN, LEX			3.2 NAME	Brown, Michael L., Ph.D.		
STREET ADDRESS	3271 WINDMILL CR.			3.3 STREET ADDRESS	8594 Hwy. 98 West		
CITY-ST-ZIP	CANTONMENT FL 32533			3.4 CITY-ST-ZIP	Pensacola, FL 32506		
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BERRY, R.L.			4.2 NAME	Phillips, Bob L.		
STREET ADDRESS	48 DELUNA DRIVE			4.3 STREET ADDRESS	8594 Hwy. 98 West		
CITY-ST-ZIP	PENSACOLA FL 32506			4.4 CITY-ST-ZIP	Pensacola, FL 32506		
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	STANDIFER, JOHNNY			5.2 NAME	Melton, Elmer H.		
STREET ADDRESS	1524 SILVER RIDGE ROAD			5.3 STREET ADDRESS	1603 Larry Street		
CITY-ST-ZIP	PENSACOLA FL 32533			5.4 CITY-ST-ZIP	Pensacola, FL 32505-6243		
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BYRD, DON			6.2 NAME			
STREET ADDRESS	1290 MCKENSIE ROAD			6.3 STREET ADDRESS			
CITY-ST-ZIP	CANTONMENT FL 32533			6.4 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 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James W. R. [Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *Jan 15, 1999 (850) 944-1850*  
Daytime Phone #

CR2E037 (1/98)