

# 2000 UNIFORM BUSINESS REPORT (UBR)

3

DOCUMENT # N97000000459

1. Entity Name

BROWNSVILLE REVIVAL SCHOOL OF MINISTRY, INC.

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90062 038 \*\*\*\*61.25

Principal Place of Business  
8594 HWY., 98 WEST  
PENSACOLA FL 32506  
US

Mailing Address  
8594 HWY., 98 WEST  
PENSACOLA FL 32506-8913  
US



DO NOT WRITE IN THIS SPACE

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

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

4. FEI Number **59-3410585**  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
BERRY, R. L.  
8594 HWY., 98 WEST  
PENSACOLA FL 32506

7. Name and Address of New Registered Agent  
Name Dr. Michael Brown  
Street Address (P.O. Box Number is Not Acceptable)  
8594 Hwy 98 West  
City Pensacola FL 32506

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.

SIGNATURE Dr. Michael Brown (NOTE: Registered Agent signature required when reinstating) DATE 3/22/00

FILE NOW:  
FEE IS \$61.25

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

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	KILPATRICK, JOHN A	<input checked="" type="checkbox"/> Delete
NAME		3100 WEST DESOTO STREET	
STREET ADDRESS		PENSACOLA FL 32505	
CITY-ST-ZIP			
TITLE	D	STANTON, HIRAM	<input type="checkbox"/> Delete
NAME		2701 NORTH 17TH STREET	
STREET ADDRESS		PENSACOLA FL 32503	
CITY-ST-ZIP			
TITLE	D	CASTLEMAN, LEX	<input type="checkbox"/> Delete
NAME		3271 WINDMILL CR.	
STREET ADDRESS		CANTONMENT FL 32533	
CITY-ST-ZIP			
TITLE	D	PHILLIPS, BOB L	<input type="checkbox"/> Delete
NAME		8594 HWY 98 WEST	
STREET ADDRESS		PENSACOLA FL 32506	
CITY-ST-ZIP			
TITLE	D	MELTON, ELMER H	<input type="checkbox"/> Delete
NAME		1603 LARRY STREET	
STREET ADDRESS		PENSACOLA FL 32505-6243	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	Dr. Michael Brown	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		8594 Hwy 98 W.	
STREET ADDRESS		Pensacola, FL 32506	
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		10950 Old Katy Rd	
STREET ADDRESS		Houston, TX 77043	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		Chaplain Casey Robertson	
STREET ADDRESS		3100 W. Desoto Street	
CITY-ST-ZIP		Pensacola, FL 32505	

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: Dr. Michael Brown DATE 3/1/00 (850) 458-6287

CR2E037 (9/99)