FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 28, 2001 8:00 am Secretary of State DOCUMENT # N9700000459 1. Entity Name BROWNSVILLE REVIVAL SCHOOL OF MINISTRY, INC. 04-28-2001 90090 040 \*\*\*\*61.25 Principal Place of Business Mailing Address 8594 HWY., 98 WEST 8594 HWY., 98 WEST PENSACOLA FL 32506 PENSACOLA FL 32506 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3410585 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ich Angni BERRY, R. L. 8594 HWY., 98 WEST PENSACOLA FL 32506 City 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 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition Change Detete TITLE TITLE NAME KILPATRICK, JOHN A NAME STREET ADDRESS STREET ADDRESS 3100 WEST DESOTO STREET CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32505 ☐ Delete TITLE ☐ Change Addition TITLE STANTON, HIRAM NAME NAME STREET ADDRESS 2701 NORTH 17TH STREET\_ STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32503 TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME CASTLEMAN, LEX NAME STREET ADDRESS STREET ADDRESS 3271 WINDMILL CR. CITY-ST-ZIP CITY-ST-ZIP **CANTONMENT FL 32533** Change ☐ Addition TITLE ☐ Delete TITLE PHILLIPS, BOB L NAME NAME STREET ADDRESS 8594 HWY 98 WEST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32506 Change ☐ Addition TITLE ☐ Delete TITLE MELTON, ELMER H NAME NAME STREET ADDRESS STREET ADDRESS 1603 LARRY STREET CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32505-6243 ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FL

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 sective 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 attac