2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007
Secretary of State

DOCUMENT# N97000000459

Entity Name: BROWNSVILLE REVIVAL SCHOOL OF MINISTRY, INC.

Current Principal Place of Business:

3104 W. DESOTO ST
PENSACOLA, FL 32505 US

New Principal Place of Business:

Current Mailing Address:

3104 W. DESOTO ST
PENSACOLA, FL 32505 US

New Mailing Address:

FEI Number: 59-3510585 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

TISDALE, ED
3100 WEST DESOTO ST
PENSACOLA, FL 32505 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: D ( ) Delete
Name: STEVENS, JAMES
Address: 3012 MOBILE HWY
City-St-Zip: PENSACOLA, FL 32505

Title: D ( ) Delete
Name: WILSON, DON
Address: 3100 WEST DESOTO ST
City-St-Zip: PENSACOLA, FL 32505

Title: SD ( ) Delete
Name: GRIFFIN, KENNETH
Address: 3100 W. DESOTO
City-St-Zip: PENSACOLA, FL 32506

Title: D ( ) Delete
Name: NEWLIN, JOHN
Address: 5275 DURANGO PL
City-St-Zip: PENSACOLA, FL 32504

Title: S ( ) Delete
Name: THOMAS, MICHAEL
Address: P. O. BOX 1303
City-St-Zip: PENSACOLA, FL 32596

Title: D ( ) Delete
Name: MAYO, DAVID
Address: 3100 W. DESOTO
City-St-Zip: PENSACOLA, FL 32505

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DON WILSON D 03/21/2007

Electronic Signature of Signing Officer or Director — Date