2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# N97000001109

Entity Name: BROWN COMMUNITY DEVELOPMENT, INC.

Current Principal Place of Business:

706 DELL TOBIAS AVE
CLEWISTON, FL 33440

New Principal Place of Business:

Current Mailing Address:

706 DELL TOBIAS AVE
CLEWISTON, FL 33440

New Mailing Address:

FEI Number: 65-0728461 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROWN, PRISCILLA B
706 DELL TOBIAS AVE
CLEWISTON, FL 33440 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: PD ( ) Delete
Name: BROWN, DWAYNE B
Address: 706 DELL TOBIAS AVE
City-St-Zip: CLEWISTON, FL 33440

Title: SD ( ) Delete
Name: BROWN, PRISCILLA B
Address: 706 DELL TOBIAS AVE
City-St-Zip: CLEWISTON, FL 33440

Title: D ( ) Delete
Name: WILLIAMS, ELGENETTE
Address: 1131 FLORIDA AVENUE
City-St-Zip: CLEWISTON, FL 33440

Title: TD ( ) Delete
Name: BAILEY, FRANK D
Address: 1010 LOUISANA AVE
City-St-Zip: CLEWISTON, FL 33440

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: M ( ) Change (X) Addition
Name: HARPER, INDIA
Address: 706 DELLA TOBIAS AVE.
City-St-Zip: CLEWISTON, FL 33440

Title: M ( ) Change (X) Addition
Name: WILLIAMS, LOIS
Address: 706 DELLA TOBIAS AVE
City-St-Zip: CLEWISTON, FL 33440

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PRISCILLA B. BROWN SD 04/29/2004

Electronic Signature of Signing Officer or Director — Date