

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Aug 19, 2009**  
**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 E  
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 (X) Delete  
Name: BAILEY, FRANK D  
Address: 1010 LOUISIANA AVE  
City-St-Zip: CLEWISTON, FL 33440

Title: M ( ) Delete  
Name: HARPER, INDIA  
Address: 706 DELLA TOBIAS AVE  
City-St-Zip: CLEWISTON, FL 33440

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: TD (X) Change ( ) Addition  
Name: WILLIAMS, ELGENETTE  
Address: 1131 FLORIDA AVENUE  
City-St-Zip: CLEWISTON, FL 33440

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 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: PRISCILLA B. BROWN

SD

08/19/2009

Electronic Signature of Signing Officer or Director

Date