

FILE NOW: FILING FEE IS \$61.25

FILED

Jul 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000002652 (2)**

1. Corporation Name

CLINT BROWN MINISTRIES, INC.



Principal Place of Business 2290 LAKE MARION DRIVE APOPKA FL 32712	Mailing Address 2290 LAKE MARION DRIVE APOPKA FL 32712
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3. Date Incorporated or Qualified

05/06/1997

4. FEI Number

59-3456636

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILLIAMS, SUSAN JOHNSTON ESQUIRE
5200 U.S. HIGHWAY 17-92
CASSELBERRY FL 32712**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	BROWN, CLINT S	
STREET ADDRESS	2290 LAKE MARION DRIVE	
CITY-ST-ZIP	APOPKA FL 32712	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	DV	<input type="checkbox"/> DELETE
NAME	BAUM, TERRY D	
STREET ADDRESS	2290 LAKE MARION DRIVE	
CITY-ST-ZIP	APOPKA FL 32712	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, ANGELA S	
STREET ADDRESS	2290 LAKE MARION DRIVE	
CITY-ST-ZIP	APOPKA FL 32712	

3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ANDERSON, RALPH
3.3 STREET ADDRESS	2290 LAKE MARION DRIVE
3.4 CITY-ST-ZIP	APOPKA, FL 32712

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D
4.3 STREET ADDRESS	DOLLETT, GERALD
4.4 CITY-ST-ZIP	2290 LAKE MARION DRIVE APOPKA, FL 32712

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D
5.3 STREET ADDRESS	KOPATICH, PATRICIA
5.4 CITY-ST-ZIP	2290 LAKE MARION DRIVE APOPKA, FL 32712

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]

Terry Baum

6/23/98 (407) 884-4600

CP2E037 (10/97)