

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jun 25, 1999 8:00 am**  
**Secretary of State**

06-25-1999 90010 011 \*\*\*\*61.25

**DOCUMENT # N97000002652**

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 P O Box 608607

Suite, Apt. #, etc.

27 City & State

28 Orlando FL

29 Zip Country

30 32860

3. Date Incorporated or Qualified

05/06/1997

4. FEI Number

59-3456636

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BROWN, CLINT S	
STREET ADDRESS	2290 LAKE MARION DRIVE	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BAUM, TERRY D	
STREET ADDRESS	2290 LAKE MARION DRIVE	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	ANDERSON, RALPH	
STREET ADDRESS	2290 LAKE MARION DR	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DOGGETT, GERALD	
STREET ADDRESS	2290 LAKE MARION DR	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KOPATCH, PATRICIA	
STREET ADDRESS	2290 LAKE MARION DR	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
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, with all other like empowered.

SIGNATURE:

*Ralph Anderson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/23/99 (401) 884-4600  
Date Daytime Phone #