

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90339 003 ****61.25

DOCUMENT # N97000002652

1. Entity Name

CLINT BROWN MINISTRIES, INC.

Principal Place of Business

**2290 LAKE MARION DRIVE
 APOPKA FL 32712**

Mailing Address

**PO BOX 608607
 ORLANDO FL 32860**

2. Principal Place of Business

2702 Lovely Ln.

3. Mailing Address

PO Box 608607

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando FL

Zip

32810

Country

Zip

32860

Country

4. FEI Number

59-3456636

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. 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 checked="" type="checkbox"/> Delete
NAME	ANDERSON, RALPH	
STREET ADDRESS	2290 LAKE MARION DR	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DOGGETT, GERALD	
STREET ADDRESS	2290 LAKE MARION DR	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	D	<input checked="" 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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Clint Brown	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1906 Oakbrook Dr.	
STREET ADDRESS	Longwood, FL 32771	
CITY-ST-ZIP		
TITLE	Terry Baum	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	512 Spring Club Dr.	
STREET ADDRESS	Altamonte Spgs. FL 32714	
CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stephanie Payne	
STREET ADDRESS	120 Brushcreek Dr.	
CITY-ST-ZIP	Sanford FL 32779	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Angie Brown	
STREET ADDRESS	1906 Oakbrook Dr.	
CITY-ST-ZIP	Longwood FL 32771	
TITLE	Patricia	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Stephanie D. Payne / Secretary 4/2/02 407-292-8888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)