

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002652

FILED
Apr 19, 2005
Secretary of State

Entity Name: CLINT BROWN MINISTRIES, INC.

Current Principal Place of Business:

2702 LOVELY LANE
ORLANDO, FL 32810

New Principal Place of Business:

Current Mailing Address:

PO BOX 608607
ORLANDO, FL 32860

New Mailing Address:

FEI Number: 59-3456636

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, SUSAN JOHNSTON ESQUIRE
5200 U.S. HIGHWAY 17-92
CASSELBERRY, FL 32712 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, CLINT S
Address: 1906 OAKBROOK DRIVE
City-St-Zip: LONGWOOD, FL 32771

Title: VD () Delete
Name: BAUM, TERRY
Address: 512 SPRINGCLUB DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32914

Title: STD () Delete
Name: BAUM, DEBRA
Address: 512 SPRING CLUB DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D () Delete
Name: BROWN, CHARLES
Address: 1405 RUPPERT LAKE RD
City-St-Zip: EUNICE, LA 70535

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:

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: CLINT S. BROWN

PD

04/19/2005

Electronic Signature of Signing Officer or Director

Date