

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002652

FILED  
Jan 17, 2006  
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 (X) 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 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: CLINT BROWN

PD

01/17/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date