## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## Jan 10, 2007 8:00 am Secretary of State 01-10-2007 90051 049 \*\*\*\*70.00 DOCUMENT # N98000003751 E & Y BRINSON MINISTRIES, INC. Principal Place of Business Mailing Address 40001126 2800 W PROSPECT ROAD 2800 W PROSPECT ROAD FORT LAUDERDALE, FL 33309 FORT LAUDERDALE, FL 33309 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042007 Chg-NP CR2E037 (12/06) 4. FEI Number 65-0851018 City & State Applied For City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRINSON, EDWARD G Street Address (P.O. Box Number is Not Acceptable) 2800 W PROSPECT ROAD FORT LAUDERDALE, FL 33309 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution Due by May 1, 2007 Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. TITLE ☐ Delete TITLE Addition BRINSON, EDWARD G NAME NAME STREET ADDRESS 3543 DOVE COTE MEADOWS LANE STREET ADDRESS DAVIE, FL 33328 CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition BRINSON, YVETTE M NAME NAME STREET ADDRESS 3543 DOVE COTE MEADOWS LANE STREET ADDRESS CITY-ST-ZIP **DAVIE, FL 33328** CITY-ST-ZIP Delete TITLE TITLE - - Change Addition BROOKS, LASHAON NAME **5241 NW 78 TERRACE** STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP LAUDERHILL, FL 33351 CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE ☐ Change ☐ Addition TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 trasted empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

**FILED**