

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000010849

**Entity Name:** BROWN'S SUPPORTED EMPLOYMENT SPECIALISTS, INC

**Current Principal Place of Business:**

1016 ST JOHNS AVE  
PALATKA, FL 32177

**Current Mailing Address:**

PO BOX 432  
PALATKA, FL 32178

**FEI Number:** 61-1614110

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BROWN, MARK A  
1016 ST JOHNS AVE  
PALATKA, FL 32177 US

*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

**Officer/Director Detail :**

Title            PRES  
Name            METZ, JAMEY  
Address        2419 CRILL AVE.  
City-State-Zip: PALATKA FL 32177

Title            VP  
Name            LUSK, MATTHEW  
Address        707 POPE ROAD  
City-State-Zip: ST. AUGUSTINE FL 32086

Title            SEC  
Name            LEWIS, BERNARD  
Address        700 FOREST GLEN DR. APT 1  
City-State-Zip: PALATKA FL 32177

Title            BM  
Name            CHARETTE, ANN MARIE  
Address        106 STILLWELL AVE. APT B1  
City-State-Zip: PALATKA FL 32177

Title            BM  
Name            JONES, SANDY  
Address        121 KANE RD.  
City-State-Zip: EAST PALATKA FL 32131

*I hereby 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 all other like empowered.*

**SIGNATURE:** JAMEY METZ

**PRESIDENT**

**04/29/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date