

**2022 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

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:** MARK BROWN

10/12/2022

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 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 BROWN, MACKENZIE  
Address 850 OAK RIDGE RD LOT A  
City-State-Zip: ST AUGUSTINE FL 32086

Title VP  
Name LEWIS, THERESA  
Address 2200 MARSH HAWK LANE  
108  
City-State-Zip: FLEMING ISLAND FL 32003

*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:** THERESA LEWIS

VP

10/12/2022

Electronic Signature of Signing Officer/Director Detail

Date