

2000 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 08, 2000 8:00 am
Secretary of State

05-09-2000 90105 017 ****61.25

DOCUMENT # N47620

1. Entity Name

BROTHERLY LOVE MINISTRIES OF PINE HILLS, INCORPO

Principal Place of Business

6225 CLARCONA OCOEE RD
 ORLANDO FL 32810

Mailing Address

P.O. BOX 608436
 ORLANDO FL 32860-8436
 US

2. Principal Place of Business

3. Mailing Address

P.O. Box 680621

Suite, Apt. #, etc.

Suite, Apt. #, etc.

ORLANDO, FL

City & State

ORLANDO, FL

Zip

Country

32868-0621

Country

ORANGE

4. FEI Number

59-2987125

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIMS, ARTHUR D., SR.
 7008 CHARINGMOOR CT
 ORLANDO FL 32818

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD Delete
 NAME SIMS, ARTHUR D., SR.
 STREET ADDRESS 7008 CHARINGMOOR COURT
 CITY-ST-ZIP ORLANDO FL

TITLE D Change Addition
 NAME Joyce Smith
 STREET ADDRESS 2863 RAVENALL AVE.
 CITY-ST-ZIP ORLANDO, FL 32811

TITLE VD Delete
 NAME BATCHELOR, HARVEY L
 STREET ADDRESS 1840 CROWN POINT WOODS
 CITY-ST-ZIP OCOEE FL

TITLE D Change Addition
 NAME CALVIN BENJAMIN
 STREET ADDRESS 1701 LEE RD. #452N
 CITY-ST-ZIP WINTER GARDEN 32789

TITLE TD Delete
 NAME FOSTER, FLOSSIE
 STREET ADDRESS 5823 CITADEL DR
 CITY-ST-ZIP ORLANDO FL 32839

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SD Delete
 NAME JENNINGS, ELENOR
 STREET ADDRESS 4 AUTUMN BREEZE WAY
 CITY-ST-ZIP WINTER PARK FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like employment.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

FILE 06/07/2000

[Handwritten Signature], Sr. 4/25-00 407-880-9439