

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47620

FILED  
Apr 29, 2007  
Secretary of State

Entity Name: BROTHERLY LOVE MINISTRIES OF PINE HILLS, INCORPORATED

**Current Principal Place of Business:**

6225 CLARCONA OCOEE RD  
ORLANDO, FL 32810

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 680621  
ORLANDO, FL 328680621 US

**New Mailing Address:**

FEI Number: 59-2987125      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SIMS, ARTHUR D., SR.  
7008 CHARINGMOOR CT  
ORLANDO, FL 32818 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: SIMS, ARTHUR D., SR.,  
Address: 7008 CHARINGMOOR COURT  
City-St-Zip: ORLANDO, FL

Title: VD ( ) Delete  
Name: BATCHELOR, HARVEY L.,  
Address: 1840 CROWN POINT WOODS  
City-St-Zip: OCOEE, FL

Title: TD ( ) Delete  
Name: FOSTER, FLOSSIE J  
Address: 5823 CITADEL DR  
City-St-Zip: ORLANDO, FL 32839

Title: SD ( ) Delete  
Name: JENNINGS, ELENOR,  
Address: 4 AUTUMN BREEZE WAY  
City-St-Zip: WINTER PARK, FL

Title: D ( ) Delete  
Name: SMITH, JOYCE  
Address: 2863 RAVENALL AVE  
City-St-Zip: ORLANDO, FL 32811

Title: D (X) Delete  
Name: FLOWERS, THERESA  
Address: 6419 RUTHIE DR  
City-St-Zip: ORLANDO, FL 32818

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: FLOWERS, THERESA  
Address: 6419 RUTHIE DRIVE  
City-St-Zip: ORLANDO, FL 32818

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 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: ARTHUR D. SIMS, SR.

PD

04/29/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date