

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47620

FILED
Jun 08, 2008
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 ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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: FLOWERS, THERESA
Address: 6419 RUTHIE DRIVE
City-St-Zip: ORLANDO, FL 32818

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

06/08/2008

Electronic Signature of Signing Officer or Director

_____ Date