

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 JAN 20 PM 2:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # N97000005148 (8)

1. Corporation Name

BROTHERLY LOVE OUTREACH MINISTRIES INC.

W99-29652

Principal Place of Business Mailing Address  
408 W MICHIGAN AVE ORLANDO FL 32805  
P.O. Box 551580 Orlando, Fl 32855-1580

3. Date Incorporated or Qualified 09/11/1997  
4. FEI Number 59-3477416 Applied For Not Applicable  
5. Certificate of Status Desired \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association? Yes No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 2a. Mailing Address  
1 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
2 City & State 27 City & State  
3 Zip Country 28 Zip Country  
4 25 29 30

9. Name and Address of Current Registered Agent  
Dorn, Charles  
5421 Limelight Circle #8  
Orlando, Fl 32839

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0562 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Charles Dorn* DATE (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DORN, CHARLES E	
STREET ADDRESS	444 SOUTH RIO GRAND AVE #616	
CITY-ST-ZIP	ORLANDO FL 32839	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GREEN, DAVIS	
STREET ADDRESS	7301 GATEHOUSE CIRCLE #17	
CITY-ST-ZIP	ORLANDO FL 32807	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WILSON, SHEILA	
STREET ADDRESS	640 JACKWOOD CT	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILSON, TRINIDAD R	
STREET ADDRESS	6440 JACKWOOD CT	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DANIELS, HAROLD	
STREET ADDRESS	3134 KOVAL CT	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Dorn, Charles	
1.3 STREET ADDRESS	5421 Limelight Circle #8	
1.4 CITY-ST-ZIP	Orlando, Fl 32839	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

REINSTATEMENT 98-1  
900003111759--2  
-01/26/00--01108-009  
\*\*\*\*\*61.25 \*\*\*\*\*61.25  
900003111759--2  
-01/26/00--01108-009  
\*\*\*\*\*297.50 \*\*\*\*\*297.50

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Signature Required* DATE: Daytime Phone # 0017746