

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 91162 033 \*\*\*\*70.00

**DOCUMENT # N97000005148**

1. Entity Name  
**BROTHERLY LOVE OUTREACH MINISTRIES INC.**

Principal Place of Business      Mailing Address  
**1408 W MICHIGAN AVE**      **P.O. BOX 551580**  
**ORLANDO FL 32805**      **ORLANDO FL 32855-1580**

758268



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**1408 W Michigan Ave**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Orlando Florida**  
 Zip      Country  
**32805**      **Orange**

4. FEI Number      Applied For  
**59-3477416**       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	
<b>DORN, CHARLES</b> <b>5421 LIMELIGHT CIRCLE #8</b> <b>ORLANDO FL 32839</b>	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	City	Zip Code
	<b>FL</b>	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>DORN, CHARLES E</b> <b>5421 LIMELIGHT CIRCLE #8</b> <b>ORLANDO FL 32839</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>GREEN, DAVIS</b> <b>7301 GATEHOUSE CIRCLE #17</b> <b>ORLANDO FL 32807</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>WILSON, SHEILA</b> <b>640 JACKWOOD CT</b> <b>ORLANDO FL 32818</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>SD</b> <b>Wilson, Sheila</b> <b>6114 Brookhill Circle</b> <b>Orlando, FL 32810</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WILSON, TRINIDAD R</b> <b>6440 JACKWOOD CT</b> <b>ORLANDO FL 32818</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>D</b> <b>Wilson, Trinidad</b> <b>6114 Brookhill Circle</b> <b>Orlando, FL 32810</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowered.

SIGNATURE: **SIGNATURE REQUIRED**      4/27/01      (407) 851-4150  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CRE037 (10/00)