


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 16, 2004 8:00 am
Secretary of State

03-16-2004 90040 005 ****70.00

DOCUMENT # N97000005148
1. Entity Name
BROTHERLY LOVE OUTREACH MINISTRIES INC.



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

24023146



MOORE CR2E037 (11/03)

2. Principal Place of Business: **Brotherly Love Outreach Min**
Suite, Apt. #, etc.: **2605 S. Bumby Ave**
City & State: **Orlando FL**
Zip: **32806** Country: **Orange**

3. Mailing Address: Suite, Apt. #, etc.:
City & State:
Zip: Country:

4. FEI Number: **59-3477416** Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
DORN, CHARLES
5421 LIMELIGHT CIRCLE #8
ORLANDO FL 32839

7. Name and Address of New Registered Agent
Name: **Dorn, Charles**
Street Address (P.O. Box Number is Not Acceptable): **5172 Laval Drive**
City: **Orlando** FL Zip Code: **32839**

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. I am familiar with, and accept the obligations of registered agent.
SIGNATURE: **Charles E Dorn** (NOTE: Registered Agent signature required when reinstating) DATE:

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	DORN, CHARLES E	
STREET ADDRESS	5172 LAVAL DRIVE	
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	6114 BROOKHILL CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILSON, TRINIDAD R	
STREET ADDRESS	6114 BROOKHILL CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 reports 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: **Sheila Wilson** DATE: **3/17/2004**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #