

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005148

FILED  
Apr 18, 2005  
Secretary of State

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

**Current Principal Place of Business:**

BROTHERLY LOVE OUTREACH MIN  
2623 S. BUNBY AVE  
ORLANDO, FL 32806

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 551580  
ORLANDO, FL 328551580

**New Mailing Address:**

FEI Number: 59-3477416

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DORN, CHARLES  
5172 LAVAL DRIVE  
ORLANDO, FL 32839 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: DORN, CHARLES E  
Address: 5172 LAVAL DRIVE  
City-St-Zip: ORLANDO, FL 32839

Title: VD ( ) Delete  
Name: GREEN, DAVIS  
Address: 7301 GATEHOUSE CIRCLE #17  
City-St-Zip: ORLANDO, FL 32807

Title: SD ( ) Delete  
Name: WILSON, SHEILA  
Address: 6114 BROOKHILL CIRCLE  
City-St-Zip: ORLANDO, FL 32810

Title: D ( ) Delete  
Name: WILSON, TRINIDAD R  
Address: 6114 BROOKHILL CIRCLE  
City-St-Zip: ORLANDO, FL 32810

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

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

Title: VD (X) Change ( ) Addition  
Name: GREEN, DAVID  
Address: 7301 GATEHOUSE CIRCLE #17  
City-St-Zip: ORLANDO, FL 32807

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 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 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: SHEILA WILSON

SD

04/18/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date