

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 001000007226

1. Entity Name
BRETHREN REACHING OUT INC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 DEC -6 AM 8:00

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 04

2. Principal Place of Business
Central Florida Dreamer
540 PECAN AVE

3. Mailing Address
BRETHREN REACHING OUT
P.O. BOX 465

City & State
Sanford, Fla
Zip
32771

City & State
Sanford, Florida
Zip
32771

4. FEI Number
59-3507190

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

MRS

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Joann Wright
Street Address (P.O. Box Number is Not Acceptable)
1600 W 8th
Sanford
City
FL Zip Code
32771

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
Joann Wright
Joann Wright

DATE
12/02/04

**FEE IS \$61.25
Initial or Amended UBR**

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 NAME STREET ADDRESS CITY - ST - ZIP	Foundor/Director ROSE D. DAVIS SCARVER COURT WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer WILHE DENNIS 6858 HIDDEN GLADE PL SANFORD, FLORIDA 32771
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary PATLY FRITCH 324 S. LOST LAKE LANE CASLERBERRY, FLA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
DO NOT WRITE IN THIS SPACE	
100043214191 12/06/04--01053--006 **95.00	
TITLE 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Rose D. Davis** *Rose D. Davis* **12/2/02**

CR2E037B (12/02)