


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000007226
 1. Entity Name
BRETHREN REACHING OUT, INCORPORATED



Principal Place of Business CENTRAL FLORIDA DREAM CENTER 540 PECAN AVE SANFORD, FL 32771	Mailing Address BRETHREN REACHING OUT PO BOX 465 SANFORD, FL 32771 US
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04112006 No Chg-NP CR2E037 (11/05)

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4. FEI Number 59-3507190	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**WRIGHT, JOANN
 P. O. BOX 365
 SANFORD, FL 32772**

DO NOT WRITE IN THIS SPACE

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 4-26-06
Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FD DAVIS, ROSE D 5 CARVER COURT WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DENNIS, WILLIE 6858 HIDDEN GLADE PL SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FRITCH, PATTY 324 S LOST LAKE LANE CASSELBERRY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/12/06-80081-023 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: ROSE D. DAVIS ROSE D. DAVIS 4/24/06 4073024 14
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #