

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jul 01, 2008  
Secretary of State**

DOCUMENT# N01000007226

Entity Name: BRETHREN REACHING OUT, INCORPORATED

**Current Principal Place of Business:**

CENTRAL FLORIDA DREAM CENTER  
540 PECAN AVE  
SANFORD, FL 32771

**New Principal Place of Business:**

**Current Mailing Address:**

BRETHREN REACHING OUT  
PO BOX 465  
SANFORD, FL 32771 US

**New Mailing Address:**

FEI Number: 59-3507190      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

WRIGHT, JOANN  
2109 BRISSON AVE.  
SANFORD, FL 32771 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: FD ( ) Delete  
Name: DAVIS, ROSE D  
Address: 5 CARVER COURT  
City-St-Zip: WINTER PARK, FL 32789

Title: T ( ) Delete  
Name: DENNIS, WILLIE  
Address: 6858 HIDDEN GLADE PL  
City-St-Zip: SANFORD, FL 32771

Title: S ( ) Delete  
Name: FRITCH, PATTY  
Address: 324 S LOST LAKE LANE  
City-St-Zip: CASSELBERRY, FL

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

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

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 exemption stated 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 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: ROSE D. DAVIS

FD

07/01/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date