

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007226

FILED
May 30, 2009
Secretary of State

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

05/30/2009

Electronic Signature of Signing Officer or Director

_____ Date