

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90223 008 ****61.25

DOCUMENT # N01000008191	
1. Entity Name MY BROTHER'S KEEPER OUTREACH MINISTRY, INC.	

Principal Place of Business 2061 NW 43RD TERR LAUDERHILL, FL 33313	Mailing Address 2061 N.W. 43RD TERR SUITE 202 LAUDERHILL, FL 33313
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2. Principal Place of Business 2061 N.W. 43rd Terr Suite, Apt. #, etc. 202 City & State Lauderhill, Fl. Zip 33313 Country Broward	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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14000000



03302005 Chg-NP CR2E037 (10/03)

4. FEI Number 65-1155589	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NESBITT, JUDY 2061 NW 43RD TERR #202 LAUDERHILL, FL 33313	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 Judy Nesbitt Judy Nesbitt STD 4/25/05
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, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME NESBITT, ADRIAN STREET ADDRESS 2061 NORTHWEST 43RD TERRACE CITY-ST-ZIP LAUDERHILL, FL 33313	<input type="checkbox"/> Delete	TITLE PD NAME Nesbitt, Adrian STREET ADDRESS 2061 N.W. 43rd Terr. # 202 CITY-ST-ZIP Lauderhill, Fl. 33313	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE STD NAME NESBITT, JUDY STREET ADDRESS 2061 NORTHWEST 43RD TERRACE CITY-ST-ZIP LAUDERHILL, FL 33313	<input type="checkbox"/> Delete	TITLE STD NAME Nesbitt, Judy STREET ADDRESS 2061 N.W. 43rd Terr. # 202 CITY-ST-ZIP Lauderhill, Fl. 33313	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME FAISON, ROOSEVELT H STREET ADDRESS 2061 NW 43RD TERRACE #202 CITY-ST-ZIP LAUDERHILL, FL 33313	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Judy Nesbitt Judy Nesbitt 4/25/05 954-714-7848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #