

**2004 NOT-FOR-PROFIT CORPORATIO
ANNUAL REPORT**

FILED

Apr 02, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000003382

1. Entity Name
BROTHERHOOD AWARENESS SOCIETY, INC.



Principal Place of Business
**410 WEST NINE ROAD
PENSACOLA, FL 32534**

Mailing Address
**P.O. BOX 597
DEER PARK, NY 11729-0597**



01062004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0681436

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ESCALIER, FELIX
410 WEST NINE ROAD
PENSACOLA, FL 32534**

**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

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, 2004**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

U000000101864

04/02/04-80031-005 61.25

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	CORBIN, KEN
STREET ADDRESS	410 WEST NINE ROAD
CITY-ST-ZIP	PENSACOLA, FL 32534
TITLE	T
NAME	DUVAL, DAVID
STREET ADDRESS	61 E PINE AIRE DRIVE
CITY-ST-ZIP	BAY SHORE, NY 11706
TITLE	T
NAME	ESCALIER, FELIX
STREET ADDRESS	410 WEST NINE ROAD
CITY-ST-ZIP	PENSACOLA, FL 32534
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, 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:

KEN CORBIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/04
Date

1888-664-0463
Daytime Phone #