2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

09 JUN 25 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000003382

1. Entity Name

BROTHERHOOD AWARENESS SOCIETY, INC.

Principal Place of Business	Mailing Address
428 CHILDRENS ST. PENSACOLA FL 32534-9630	P.O. BOX 597 DEER PARK NY 11729-0597

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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	7. Name and Address of New Registered Agent
ESCALIER, FELIX 428 CHILDRENS ST/ PENSACOLA FL 32534-9630	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered ... of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE [signature] 4-18-09

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

FILE NOW" FEE IS $61.25 Due By May 1, 2009

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CORBIN, KEN 410 WEST NINE ROAD PENSACOLA FL 32534	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~900015615975 9~~ ~~05/19/09--01018--020 **61.25~~	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DUVAL, DAVID 61 E PINE AIRE DRIVE BAY SHORE NY 11706	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ESCALIER, FELIX 410 WEST NINE ROAD PENSACOLA FL 32534	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700015777520 7 06/25/09--01036--004 **61.25	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[signature]	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 [signature] Date 5-29-09