2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# N03000008241

Entity Name: BROKEN-LINK LOVE YA OUTREACH, CORP.

Current Principal Place of Business:

540 NW 4TH AVE., SUITE 213
FT. LAUDERDALE, FL 33311

New Principal Place of Business:

Current Mailing Address:

540 NW 4TH AVE., SUITE 213
FT. LAUDERDALE, FL 33311

New Mailing Address:

FEI Number: 56-2410544 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOWE, ARTHENIA S
540 NW 4TH AVE., SUITE 213
FT. LAUDERDALE, FL 33311 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: PD ( ) Delete
Name: JOYNER, MINNIE
Address: P. O. BOX 4874
City-St-Zip: HOLLYWOOD, FL 33083

Title: D ( ) Delete
Name: JOYNER, JAMES
Address: P. O. BOX 4874
City-St-Zip: HOLLYWOOD, FL 33083

Title: D ( ) Delete
Name: GLOVER, CLEVELAND
Address: P. O. BOX 4874
City-St-Zip: HOLLYWOOD, FL 33083

Title: SD ( ) Delete
Name: TURNER, PRISCILLA
Address: P. O. BOX 4874
City-St-Zip: HOLLYWOOD, FL 33083

Title: D ( ) Delete
Name: LOWE, ARTHENIA
Address: P. O. BOX 4874
City-St-Zip: HOLLYWOOD, FL 33083

Title: D ( ) Delete
Name: BROWN, GERTRUDE
Address: P. O. BOX 4874
City-St-Zip: HOLLYWOOD, FL 33083

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:

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 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 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: MINNIE JOYNER PD 04/28/2005

Electronic Signature of Signing Officer or Director — Date