

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90101 029 *****75.00

DOCUMENT # N03000008786

1. Entity Name

**GOD'S BROTHERLY LOVE OUTREACH MINISTRIES,
INC.**



Principal Place of Business

**1311 17TH STREET CT EAST
BRADENTON FL 34208**

Mailing Address

**1311 17TH STREET CT EAST
BRADENTON FL 34208**

2. Principal Place of Business

5023 21ST Way East
Suite, Apt. #, etc.

3. Mailing Address

5023 21ST Way East
Suite, Apt. #, etc.

City & State

Bradenton Fl.

City & State

Bradenton Fl.

Zip

34203

Country

manatee

Zip

34203

Country

manatee

4. FEI Number

54-2129737

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SUTTON, CHRISTINA
1311 17TH STREET CT EAST
BRADENTON FL 34208**

7. Name and Address of New Registered Agent

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 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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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

TITLE **P** ☐ Delete
NAME **SUTTON, JAMES**
STREET ADDRESS **1311 17TH STREET CT EAST**
CITY-ST-ZIP **BRADENTON FL 34208**

TITLE **VP** ☐ Delete
NAME **SUTTON, CHRISTINA**
STREET ADDRESS **1311 17TH STREET CT EAST**
CITY-ST-ZIP **BRADENTON FL 34208**

TITLE **C** ☐ Delete
NAME **SMITH, HENRY**
STREET ADDRESS **1507 1ST AVE EAST**
CITY-ST-ZIP **PALMETTO FL 34221**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #