


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 07, 2006 8:00 am**  
**Secretary of State**

07-07-2006 90002 009 \*\*\*\*61.25

DOCUMENT # N03000008786	
1. Entity Name GOD'S BROTHERLY LOVE OUTREACH MINISTRIES, INC.	

Principal Place of Business 5023 21ST WAY EAST BRADENTON FL 34203	Mailing Address 5023 21ST WAY EAST BRADENTON FL 34203
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*(Church) God's Brotherly Love Outreach Min.*

2. Principal Place of Business <i>61045 610 45th STE.</i>	3. Mailing Address <i>61045th STE</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State <i>Brad. FL</i>	City & State <i>Bradenton FL</i>
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4. FEI Number 54-2129737	Applied For <input type="checkbox"/> Not Applicable
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Zip <i>34208</i>	Country	Zip <i>34208</i>	Country
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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  SUTTON, CHRISTINA 1311 17TH STREET CT EAST BRADENTON FL 34208
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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: <i>Pastor James Sutton Pastor Christina Sutton</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
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FILE NOW: FEE IS \$61.25 Due By May 1, 2006	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete SUTTON, JAMES 1311 17TH STREET CT EAST BRADENTON FL 34208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete VP SUTTON, CHRISTINA 1311 17TH STREET CT EAST BRADENTON FL 34208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete C SMITH, HENRY 1507 1ST AVE EAST PALMETTO FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> 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.
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SIGNATURE: <i>James Sutton</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	7-1-06 447-0155 Date Daytime Phone #
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