

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2006 08:00 AM
Secretary of State

DOCUMENT #N04000009916

1. Entity Name

BROTHER'S KEEPER INTERNATIONAL MINISTRIES INC.



Principal Place of Business

**5251 PECAN RD,
OCALA, FL 34472**

Mailing Address

**5251 PECAN RD,
OCALA, FL 34472**

DO NOT WRITE IN THIS SPACE



03032006 No Chg-NP

CR2E037 (11/05)

4. FEI Number

52-2450982

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

8. Name and Address of Current Registered Agent

**SATCHELL, BRUCE E SR.
5251 PECAN RD,
OCALA, FL 34472**

**DO NOT WRITE
IN THIS SPACE**

9. 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 restatesting)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**P
SATCHELL, BRUCE E SR.
5251 PECAN RD,
OCALA, FL 34472**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**P
SATCHELL, BETH R
5251 PECAN RD,
OCALA, FL 34472**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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TITLE
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STREET ADDRESS
CITY- ST- ZIP

000000459606
03/18/06 80042-011 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

Bruce E Satchell Sr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/06
Date

352-680-0423
Daytime Phone #