

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010288

FILED
Apr 13, 2005
Secretary of State

Entity Name: BROTHERLY LOVE KING'S TABLE COMMUNITY DEVELOPMENT CORPORATION

Current Principal Place of Business:

81 N. DEERFIELD AVENUE
SUITE #3
DEERFIELD BEACH, FL 33441

New Principal Place of Business:

Current Mailing Address:

81 N. DEERFIELD AVENUE
SUITE #3
DEERFIELD BEACH, FL 33441

New Mailing Address:

FEI Number: 36-4563315

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, ANTHONY L DR.
336 NW 7TH COURT
DEERFIELD BEACH, FL 33441 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: D () Delete
Name: DAVIS, ANTHONY L DR.
Address: 81 N. DEERFIELD AVENUE, SUITE #3
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: D () Delete
Name: DAVIS, MARGARET A MRS.
Address: 81 N. DEERFIELD AVENUE, SUITE #3
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: D () Delete
Name: GROVER, MARSHELLE MS.
Address: 81 N. DEERFIELD AVENUE, SUITE #3
City-St-Zip: DEERFIELD BEACH, FL 33441

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DCEO (X) Change () Addition
Name: DAVIS, ANTHONY L DR.
Address: 81 N. DEERFIELD AVENUE, SUITE #3
City-St-Zip: DEERFIELD BEACH, FL 33441

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: ANTHONY L DAVIS

DCEO

04/13/2005

Electronic Signature of Signing Officer or Director

Date