


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90025 010 ****80.00

DOCUMENT # N04291 1. Entity Name SOCIETY FOR THE IMPROVEMENT OF BROTHERHOOD INCORPORATED	
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Principal Place of Business % SAM AUSTIN JR. 222 PONCE DE LEON ST ROYAL PALM BEACH, FL 33411 US	Mailing Address % SAM AUSTIN JR. 222 PONCE DE LEON ST ROYAL PALM BCH, FL 33411 US
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03012008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2608137	Applied For Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent AUSTIN, SAM JR. 222 PONCE DE LEON ST ROYAL PALM BEACH, FL 33411
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**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2008**

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	DP YOUNG, W. FRED 3915 TORRES CIRCLE WEST PALM BEACH, FL 33409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WADE, EDWIN 2359 AVENUEZ RIVIERA BEACH, FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, ARTHUR J. 2235 AVENUE E RIVIERA BEACH, FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEEKS, WILLIE 371 22ND CT RIVIERA BCH, FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AUSTIN, SAM 222 PONCE DE LEON STREET ROYAL PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONCHTON, PAUL 4808 ALDER DRIVER #A WEST PALM BEACH, FL 33417

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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

W. Fred Young
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-1-08

Daytime Phone #