2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2009
Secretary of State

DOCUMENT# N04291

Entity Name: SOCIETY FOR THE IMPROVEMENT OF BROTHERHOOD INCORPORATED

Current Principal Place of Business:

% SAM AUSTIN JR.
222 PONCE DE LEON ST
ROYAL PALM BEACH, FL 33411 US

New Principal Place of Business:

Current Mailing Address:

% SAM AUSTIN JR.
222 PONCE DE LEON ST
ROYAL PALM BCH, FL 33411 US

New Mailing Address:

% SAM AUSTIN JR.
222 PONCE DE LEON ST
ROYAL PALM BEACH, FL 33411 US

FEI Number: 59-2608137 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

AUSTIN, SAM JR.
222 PONCE DE LEON ST
ROYAL PALM BEACH, FL 33411 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: DP ( ) Delete
Name: YOUNG, W. FRED,
Address: 3915 TORRES CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33409 US

Title: D ( ) Delete
Name: WADE, EDWIN,
Address: 2359 AVENUEZ
City-St-Zip: RIVIERA BEACH, FL 33404 US

Title: D ( ) Delete
Name: WHITE, ARTHUR J.,
Address: 2235 AVENUE E
City-St-Zip: RIVIERA BEACH, FL 33404 US

Title: D ( ) Delete
Name: MEEKS, WILLIE,
Address: 371 22ND CT
City-St-Zip: RIVIERA BCH, FL 33404 US

Title: D ( ) Delete
Name: AUSTIN, SAM,
Address: 222 PONCE DE LEON STREET
City-St-Zip: ROYAL PALM BEACH, FL 33411 US

Title: D ( ) Delete
Name: MONCHTON, PAUL
Address: 4808 ALDER DRIVER #A
City-St-Zip: WEST PALM BEACH, FL 33417 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: HUGHES RODNEY,
Address: 826 DATE PALM DRIVE
City-St-Zip: LAKE PARK, FL 33403 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 exemption stated 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 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: WILLIE FRED YOUNG DP 02/14/2009

Electronic Signature of Signing Officer or Director — Date