


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

FILED
Apr 07, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000004931 1. Entity Name MY BROTHER'S/SISTER'S KEEPER CHARITABLE TRUST, INC.	
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Principal Place of Business 675 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH, FL 33411 US	Mailing Address 675 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH, FL 33411 US
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DO NOT WRITE IN THIS SPACE



01042008 No Chg-NP CR2E037 (4/06)

4. FEI Number 30-0342153	Applied For Not Applicable
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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 SANTAMARIA, JESS R 675 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH, FL 33411

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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. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000886301 04/18/08-80050-002 183.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANTAMARIA, JESS R 675 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SANTAMARIA, VICTORIA 675 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHRISTOPHER, SANTAMARIA 675 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #