

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003502

FILED  
Sep 22, 2008  
Secretary of State

Entity Name: THE BROTHA JAMES GROUP INCORPORATED

**Current Principal Place of Business:**

2150 EAST MAIN STREET  
PAHOKEE, FL 33476

**New Principal Place of Business:**

**Current Mailing Address:**

2150 EAST MAIN STREET  
PAHOKEE, FL 33476

**New Mailing Address:**

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

ROBINSON, CLEVELAND E II  
2150 EAST MAIN STREET  
PAHOKEE, FL 33476 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: MEM ( ) Delete  
Name: ROBINSON, BEVERLY PHD  
Address: P.O. BOX 3009  
City-St-Zip: BELLE GLADE, FL 33430

Title: CHRM ( ) Delete  
Name: POITIER, COY  
Address: 607 WENDELL ROAD  
City-St-Zip: FORT PIERCE, FL 34950

Title: D ( ) Delete  
Name: MOORE, DERRICK JR.  
Address: P.O. BOX 2951  
City-St-Zip: BELLE GLADE, FL 33430

Title: D (X) Delete  
Name: MYRICK, RODERICK  
Address: 9180 SILVER GLEN WAY  
City-St-Zip: LAKE WORTH, FL 33467

Title: D (X) Delete  
Name: LATIMORE, LILLIE  
Address: 171 NORTH LAKE AVENUE  
City-St-Zip: PAHOKEE, FL 33476

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: MEM (X) Change ( ) Addition  
Name: ROBINSON, BEVERLY PHD  
Address: P.O. BOX 3009  
City-St-Zip: BELLE GLADE, FL 33430 US

Title: CHRM (X) Change ( ) Addition  
Name: POITIER, COY  
Address: 528 WEST RED BUD LANE  
City-St-Zip: LANCASTER, TX 75146 US

Title: MEM (X) Change ( ) Addition  
Name: POITIER, KATRINA JR.  
Address: 528 WEST RED BUD LANE  
City-St-Zip: LANCASTER, TX 75146 US

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: CLEVELAND ROBINSON

Electronic Signature of Signing Officer or Director

DIR

09/22/2008

\_\_\_\_\_ Date