FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 23 PM 3:36

DOCUMENT # **N25494** **(8)**

1. Corporation Name
BROTHERS KEEPER, INC.

Principal Place of Business	Mailing Address
%BLESSED TRINITY CATHOLIC CHURCH 5 S.E. 17TH STREET OCALA FL 34471	%BLESSED TRINITY CATHOLIC CHURCH 5 S.E. 17TH STREET OCALA FL 34471

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/18/1988**
3a. Date of Last Report: **02/16/1994**
4. FEI Number: **59-6046993** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRC 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

GUARCELLO, VINCENT
5 S.E. 17TH STREET
OCALA FL 34471

10. Name and Address of New Registered Agent

81 Name: Grayson, Jack
82 Street Address (P.O. Box Number is Not Acceptable): 5 SE 17 St
83
84 City: Ocala **FL** 85 Zip Code: 34471

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ 2/10/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	MD	11 TITLE		☐ Change ☐ Addition
NAME	JOST, DICK	12 NAME		
STREET ADDRESS	5 SE 17 STREET, POB 5055	13 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL	14 CITY-ST-ZIP		
TITLE	D	21 TITLE	DV	☐ Change ☒ Addition
NAME	GUARCELLO, VINCENT	22 NAME	Sanderson, Richard	
STREET ADDRESS	2717 S.E. 36TH STREET	23 STREET ADDRESS	1945 SE 37 Court Circle	
CITY-ST-ZIP	OCALA FL	24 CITY-ST-ZIP	Ocala, Fl. 34471	
TITLE	PD	31 TITLE		☐ Change ☐ Addition
NAME	GRAYSON, JACK	32 NAME		
STREET ADDRESS	5220 NW 76TH COURT	33 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL	34 CITY-ST-ZIP		
TITLE	S	41 TITLE	D	☒ Change ☐ Addition
NAME	STODDARD, JEAN	42 NAME	Lavia, James P	
STREET ADDRESS	3910 SW 22ND STREET	43 STREET ADDRESS	1495 SE 54 Pl	
CITY-ST-ZIP	OCALA FL	44 CITY-ST-ZIP	Ocala, Fl, 34480	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ~~XXXXXXXXXXXX~~ Jack Grayson 2/6/95 (904)6223846
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0068167