2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44943

FILED Apr 04, 2006 Secretary of State

Entity Name: THE CHURCH OF BROTHERLY LOVE INC.

Current Principal Place of Business:					New Principal Place of Business:				
81 N. DEEF	NY L. DAVIS RFIELD AVE. S D BEACH, FL :		US		STE 3	RFIELD AVE D BEACH, FL	22441	US	
	ailing Address		00			ng Address:	33441	00	
our circ inc	anning Address	•			wew main	ig Addiess.			
81 N. DEEF	NY L. DAVIS RFIELD AVE S ⁻ D BEACH, FL :		US		STE 3	RFIELD AVE D BEACH, FL	33441	US	
FEI Number:	65-0268018	FEI Num	ber Applied For()	FEI Nun	nber Not Appli	icable ()	Certificate	e of Status Desired ()	
Name and	Address of Cu	egistered Agent:	Name and Address of New Registered Agent:						
DAVIS, AN ⁻ 336 N.W. 7 DEERFIELI		33441	US		81 N DEER SUITE 3	THONY L PAS RFIELD AVE. D BEACH, FL		JS	
The above in the State		ubmits th	is statement for the pu	ırpose o	f changing it	s registered of	ffice or re	gistered agent, or both,	
SIGNATUR	E: ANTHONY						04	/04/2006	
	Electronic	c Signatu	re of Registered Ager	nt				Date	
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	PD () DAVIS, ANTHON' 336 N.W. 7TH CO DEERFIELD BEA	Г			Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	VD () [DAVIS, MARGAR 336 N.W. 7TH CT DEERFIELD BEA	Г			Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	SD () DAVIS, ELOISE, 640 N.W. 21ST C				Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	D ()[BUTTS, TOMMIE 6560 SW 8 ST NORTH LAUDER		33068		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	D ()[BAKER, FANNIE 315 NW 7 CT DEERFIELD BEA		3441		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	S ()[HAWKINS, CHRI 850 NE 50 CT DEERFIELD BEA		3064		Title: Name: Address: City-St-Zip:	S (X) HAWKINS, CHR 81 N DEERFIEL DEERFIELD BE	D AVE STE	∃ 3	

I hereby certify that the information supplied with this filing does not qualify for the 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: ANTHONY DAVIS PD 04/04/2006