

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90169 010 ****61.25

DOCUMENT # N47620

1. Entity Name

BROTHERLY LOVE MINISTRIES OF PINE HILLS, INCORPORATED



Principal Place of Business

6225 CLARCONA OCOEE RD
ORLANDO FL 32810

Mailing Address

P.O. BOX 680621
ORLANDO FL 32868-0621
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2987125**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIMS, ARTHUR D., SR.
7008 CHARINGMOOR CT
ORLANDO FL 32818

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	SIMS, ARTHUR D., SR.	
STREET ADDRESS	7008 CHARINGMOOR COURT	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BATCHELOR, HARVEY L.	
STREET ADDRESS	1840 CROWN POINT WOODS	
CITY-ST-ZIP	OCOEE FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FOSTER, FLOSSIE	
STREET ADDRESS	5823 CITADEL DR	
CITY-ST-ZIP	ORLANDO FL 32839	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JENNINGS, ELENOR	
STREET ADDRESS	4 AUTUMN BREEZE WAY	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, JOYCE	
STREET ADDRESS	2863 RAVENALL AVE	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	D	<input type="checkbox"/> Delete
NAME	FLOWERS, THERESA	
STREET ADDRESS	6419 RUTHIE DR	
CITY-ST-ZIP	ORLANDO FL 32818	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED, Sr.

04-28-03 467-880-9439

CR2E037 (10/02)