

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001634

FILED  
Feb 07, 2006  
Secretary of State

**Entity Name:** INTERNATIONAL BROTHER HOOD OF CHRISTIAN BROTHERS OUTREACH MINISTRIES, INC.

**Current Principal Place of Business:**

643 NW 22 ROAD  
FT. LAUDERDALE, FL 33311

**New Principal Place of Business:**

**Current Mailing Address:**

581 N.W. 45TH TERRACE  
PLANTATION, FL 33317 US

**New Mailing Address:**

**FEI Number:** 65-0474998

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WALTERS, EARL W SR  
581 NW 45TH TERRACE  
PLANTATION, FL 33317 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: PD ( ) Delete  
Name: WALTER, EARL  
Address: 581 N.W. 45TH TERRACE  
City-St-Zip: PLANTATION, FL 33317

Title: VT ( ) Delete  
Name: DENT, HATTIE  
Address: 2655 NW 27 AVE  
City-St-Zip: POMPANO BEACH, FL 33069

Title: ST ( ) Delete  
Name: ROBERTS, JOHNNY  
Address: 701 N.W. 23RD TERRACE  
City-St-Zip: POMPANO BEACH, FL 33069

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 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: EARL WALTERS SR.

PRES

02/07/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date