

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N95000003318

FILED  
May 27, 2003  
Secretary of State

**Entity Name:** BROTHER TO BROTHER OUTREACH CENTER, INC.

**Current Principal Place of Business:**

395 N T ST  
PENSACOLA, FL 32505 US

**New Principal Place of Business:**

**Current Mailing Address:**

6427 HAMPTON RD  
PENSACOLA, FL 32505 US

**New Mailing Address:**

**FEI Number:** 59-3322009

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WHITE, RAY S  
6427 HAMPTON RD  
PENSACOLA, FL 32505 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: WHITE, RAY  
Address: 395 NORTH T STREET  
City-St-Zip: PENSACOLA, FL 32505

Title: VPD ( ) Delete  
Name: THOMAS, TREMAYNE  
Address: 9 ARCHER AVENUE  
City-St-Zip: PENSACOLA, FL 32505

Title: SD ( ) Delete  
Name: THOMAS, THEARTHUR T JR  
Address: 1201 NORTH Z STREET  
City-St-Zip: PENSACOLA, FL 32505

Title: T ( ) Delete  
Name: MAYS, STEVEN A  
Address: 7872 BAY MEADOWS DR.  
City-St-Zip: PENSACOLA, FL 32507

Title: AT ( ) Delete  
Name: DEAN, JOE  
Address: 1101 E CROSS ST  
City-St-Zip: PENSACOLA, FL 32503

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

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

Title: VPD (X) Change ( ) Addition  
Name: DEAN, JOE  
Address: 1101 E. CROSS ST  
City-St-Zip: PENSACOLA, FL 32503

Title: SD (X) Change ( ) Addition  
Name: HARALSON, TIM  
Address: 2201 BLUE LAKE DR  
City-St-Zip: PENSACOLA, FL 32507

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

Title: AT (X) Change ( ) Addition  
Name: THOMPSON, O'NEAL  
Address: 1301 W. INTENDENCIA  
City-St-Zip: PENSACOLA, FL 32505

I hereby certify that the information supplied with this filing does not qualify for the 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 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:** STEVEN MAYS

T

05/27/2003

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

\_\_\_\_\_  
Date