


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Aug 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N97000001247 (2)</b> 1. Corporation Name <b>MY BROTHER'S KEEPER OUTREACH PROGRAMS, INC.</b>					
Principal Place of Business <b>1221 N.W. 46TH AVENUE LAUDERHILL FL 33313</b>		Mailing Address <b>1221 N.W. 46TH AVENUE LAUDERHILL FL 33313</b>		3. Date Incorporated or Qualified <b>03/04/1997</b>	
2. Principal Place of Business 21 <b>1221 NW 46 Ave</b> Suite, Apt. #, etc. 22 <b>Lauderhill, Fl.</b> City & State 23 Zip 24 <b>33313</b> Country 25 <b>Broward</b>		2a. Mailing Address 26 <b>1221 NW 46 Ave</b> Suite, Apt. #, etc. 27 <b>Lauderhill, Fl.</b> City & State 28 Zip 29 <b>33313</b> Country 30 <b>Broward</b>		4. FEI Number <b>650703863</b> Applied For Not Applicable	
9. Name and Address of Current Registered Agent <b>ROBINSON, WILLIAM M 1221 N.W. 46TH AVENUE LAUDERHILL FL 33313</b>		10. Name and Address of New Registered Agent 81 Name <b>William M. Robinson</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1221 NW 46 Ave</b> 83 <b>Lauderhill Fl.</b> 84 City <b>Lauderhill Fl.</b> FL 85 Zip Code <b>33313</b>			
11. Pursuant to the provisions of sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. SIGNATURE <b>William M. Robinson</b> <b>William M. Robinson</b> <b>July 20, 1998</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>TAYLOR, EUGENE</b>		1.2 NAME		
STREET ADDRESS	<b>1107 N.W. 18TH ST.</b>		1.3 STREET ADDRESS		
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33311</b>		1.4 CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>COSBY, JOHNNY</b>		2.2 NAME		
STREET ADDRESS	<b>100 S.W. 22ND TERRACE</b>		2.3 STREET ADDRESS		
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33312</b>		2.4 CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>JOHNSON, WALTER</b>		3.2 NAME		
STREET ADDRESS	<b>3758 S.W. 16TH STREET</b>		3.3 STREET ADDRESS		
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33312</b>		3.4 CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SHELLMAN, CAMILLA</b>		4.2 NAME		
STREET ADDRESS	<b>290 N.W. 30TH AVENUE</b>		4.3 STREET ADDRESS		
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33311</b>		4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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: <b>William M. Robinson</b>			<b>7/20/98</b> <b>(954)485-6864</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

CR2E037 (5/98)