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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000004488

1. Corporation Name

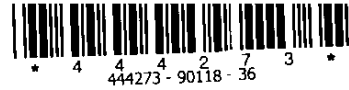
MY BROTHER'S KEEPER, INC.

Principal Place of Business

1914 ORANGE AVE
FT PIERCE FL 34950

Mailing Address

1914 ORANGE AVE
FT PIERCE FL 34950



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		08/07/1997	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0777598	
Country		Country		Applied For	
25		29		Not Applicable	
24		30		5. Certificate of Status Desired ☐	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing ☐	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

LEXINE, ESPERANT REV
812 BEACH CT
FT PIERCE FL 34950

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP ☐ DELETE	1.1 TITLE	☐ Change ☒ Addition
NAME	OSMI, MAURIL	1.2 NAME	IS EAVILUS, Saint Jude
STREET ADDRESS	618 S 6TH ST	1.3 STREET ADDRESS	1914 Orange Ave.
CITY-ST-ZIP	FT PIERCE FL 34950	1.4 CITY-ST-ZIP	St. Pierre, FL 34950
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LEXINE, ESPERANT	2.2 NAME	
STREET ADDRESS	812 BEACH CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL 34950	2.4 CITY-ST-ZIP	
TITLE	DVP ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	WILNER, RAPHAEL	3.2 NAME	
STREET ADDRESS	1101 PINE AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL 34982	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	JOEL, JOSEPH	4.2 NAME	
STREET ADDRESS	1714 N 17TH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL	4.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	DESSIEUR, LUC	5.2 NAME	
STREET ADDRESS	809 BOSTON AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL	5.4 CITY-ST-ZIP	
TITLE	DS ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	VALSAINT, LANAISE	6.2 NAME	
STREET ADDRESS	162 DALVA AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	PT ST LUCIE FL 34983	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)(i), 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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

CR2E037 (11/98)