

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2004 8:00 am
Secretary of State

03-16-2004 90040 005 ****70.00

DOCUMENT # N97000005148

1. Entity Name

BROTHERLY LOVE OUTREACH MINISTRIES INC.



Principal Place of Business

**1408 W MICHIGAN AVE
ORLANDO FL 32805**

Mailing Address

**P.O. BOX 551580
ORLANDO FL 32855-1580**

24023146



MOORE CR2E037 (11/03)

2. Principal Place of Business

Brotherly Love Outreach Min

Suite, Apt. #, etc.

2655 S. Bumby Ave

City & State

Orlando FL

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

32806

Country

Orange

Zip

32806

Country

Orange

4. FEI Number

59-3477416

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DORN, CHARLES
5421 LIMELIGHT CIRCLE #8
ORLANDO FL 32839**

7. Name and Address of New Registered Agent

Name *Dorn, Charles*

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

5172 Laval Drive

City *Orlando*

FL

Zip Code *32839*

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

Charles E Dorn

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
Due By May 1, 2004**

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

TITLE **PD** ☐ Delete
NAME **DORN, CHARLES E**
STREET ADDRESS **5172 LAVAL DRIVE**
CITY-ST-ZIP **ORLANDO FL 32839**

TITLE **VD** ☐ Delete
NAME **GREEN, DAVIS**
STREET ADDRESS **7301 GATEHOUSE CIRCLE #17**
CITY-ST-ZIP **ORLANDO FL 32807**

TITLE **SD** ☐ Delete
NAME **WILSON, SHEILA-**
STREET ADDRESS **6114 BROOKHILL CIRCLE**
CITY-ST-ZIP **ORLANDO FL 32810**

TITLE **D** ☐ Delete
NAME **WILSON, TRINIDAD R**
STREET ADDRESS **6114 BROOKHILL CIRCLE**
CITY-ST-ZIP **ORLANDO FL 32810**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/17/2004