

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005148

FILED
Apr 09, 2009
Secretary of State

Entity Name: BROTHERLY LOVE FAMILY WORSHIP CENTER, INC.

Current Principal Place of Business:

BROTHERLY LOVE OUTREACH MIN
2623 S. BUNBY AVE
ORLANDO, FL 32806

New Principal Place of Business:

BROTHERLY LOVE OUTREACH MIN
2500 CURRY FORD ROAD UNIT 1
ORLANDO, FL 32806

Current Mailing Address:

P.O. BOX 551580
ORLANDO, FL 328551580

New Mailing Address:

FEI Number: 59-3477416

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DORN, CHARLES
5172 LAVAL DRIVE
ORLANDO, FL 32839 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: DORN, CHARLES E
Address: 5172 LAVAL DRIVE
City-St-Zip: ORLANDO, FL 32839

Title: VD (X) Delete
Name: GREEN, DAVID
Address: 7301 GATEHOUSE CIRCLE #17
City-St-Zip: ORLANDO, FL 32807

Title: SD () Delete
Name: WILSON, SHEILA
Address: 6114 BROOKHILL CIRCLE
City-St-Zip: ORLANDO, FL 32810

Title: D () Delete
Name: WILSON, TRINIDAD R
Address: 6114 BROOKHILL CIRCLE
City-St-Zip: ORLANDO, FL 32810

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:

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

I hereby certify that the information supplied with this filing does not qualify 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: SHEILA WILSON

SD

04/09/2009

Electronic Signature of Signing Officer or Director

Date