

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000005148

**FILED**  
**Mar 26, 2010**  
**Secretary of State**

**Entity Name:** BROTHERLY LOVE FAMILY WORSHIP CENTER, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 551580  
ORLANDO, FL 328551580

**New Mailing Address:**

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

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

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

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

I hereby 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 all other like empowered.

**SIGNATURE:** SHEILA WILSON

ADM

03/26/2010

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

\_\_\_\_\_  
Date