

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90013 038 *****70.00

DOCUMENT # N98000000511

1. Entity Name

BROTHERS' KEEPERS, INC.



Principal Place of Business

1010 MELLONVILLE AVE
SANFORD FL 32771

Mailing Address

1010 MELLONVILLE AVE
SANFORD FL 32771

2. Principal Place of Business - No P.O. Box #

1305 W. 13TH STREET

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

SANFORD, FL 32771

City & State

Zip

Country

32771

Country

Seminole

Zip

Country

32771

Country

Seminole

4. FEI Number

59-3584684

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

REDDEN, OSCAR
1010 MELLONVILLE AVE
SANFORD FL 32771

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOT) Registered Agent signature required when reinstating

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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	D	<input type="checkbox"/> Delete
NAME	REDDEN, ROSLYN	
STREET ADDRESS	1010 MELLONVILLE AVE	
CITY-STATE-ZIP	SANFORD FL 32771	
TITLE	V	<input type="checkbox"/> Delete
NAME	QUINN, JACQUELINE	
STREET ADDRESS	P.O. BOX 1232	
CITY-STATE-ZIP	SANFORD FL 32771	
TITLE	S	<input type="checkbox"/> Delete
NAME	PERRY, VANSANTA	
STREET ADDRESS	P.O. BOX 1232	
CITY-STATE-ZIP	SANFORD FL 32771	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Redden, Roslyn	
STREET ADDRESS	1010 MELLONVILLE AVE	
CITY-STATE-ZIP	SANFORD, FL 32771	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	TREASURER(T)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEPHANIE HANSON	
STREET ADDRESS	1414 W. 13TH ST.	
CITY-STATE-ZIP	SANFORD, FL 32771	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Oscar Redden, Jr.

03-26-07 407-328-8111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #