

NONPROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N98000004972

Corporation Name

Brothers of The Same Mind, Inc.

Principal Place of Business

1055 N.W. 17th Avenue
Miami, FL 33142

Mailing Address

180 N.W. 62nd Street
Miami, FL 33150

Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

08/27/1998

Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

65-0870396

Applied For

Not Applicable

City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

Zip

Country

25

Zip

Country

29

30

6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Jones, Leroy
180 N.W. 62nd Street
Miami, FL 33150

81 Name

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

83

84 City

FL

85 Zip Code

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

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
WILCHER, Demiko		1.2 NAME	
4100 N.W. 41st Street		1.3 STREET ADDRESS	
MIAMI, FL 33142		1.4 CITY-ST-ZIP	
D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
World, TAVARES		2.2 NAME	
920 N.W. 47th Street		2.3 STREET ADDRESS	
MIAMI, FL 33142		2.4 CITY-ST-ZIP	
D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Thurmond, Calvin		3.2 NAME	
1537 N.W. 43rd Street		3.3 STREET ADDRESS	
MIAMI, FL 33142		3.4 CITY-ST-ZIP	
D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
JONES, Leroy		4.2 NAME	
1899 N.W. 83rd Terrace		4.3 STREET ADDRESS	
MIAMI, FL 33147		4.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

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*****70.00 *****70.00

SP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Leroy Jones

4/28/2000

Date

(305) 756-0605

Daytime Phone #