

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 19, 2006
Secretary of State

DOCUMENT# N99000003049

Entity Name: BROTHERHOOD OF CONCERN, INC.

Current Principal Place of Business:

8138 CAYUGA TRAIL W
JACKSONVILLE, FL 32244

New Principal Place of Business:

Current Mailing Address:

8138 CAYUGA TRAIL WEST
JACKSONVILLE, FL 32244

New Mailing Address:

PO BOX 2026
JACKSONVILLE, FL 32203

FEI Number: 59-3577400 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MCCOY, JASON
8138 CAYUGA TRAIL WEST
JACKSONVILLE, FL 32244 US

Name and Address of New Registered Agent:

CURTIS, GLENDA
2658 B SUNRISE VILLAGE DRIVE
ORANGE PARK, FL 32073 US

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: GLENDA CURTIS

10/19/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KINGCANNON, DAVID
Address: 1149 WALTON TRAIL
City-St-Zip: AUGUSTA, GA 30815

Title: VPD () Delete
Name: COZART, FAITH
Address: 1114 WOODBERRY TRAIL
City-St-Zip: GROVETOWN, GA 30813

Title: SD () Delete
Name: ROSARIO, HATTLE
Address: 11919 COAL RAIN RD
City-St-Zip: SAINT MARYS, GA 31558

Title: T () Delete
Name: SYKES, INGRID
Address: 117 SAMUELS RD
City-St-Zip: NORTH AUGUSTA, SC 29841

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change () Addition
Name: COZART, FAITH
Address: 5078 HEREFORD FARM RD
City-St-Zip: EVANS, GA 30809

Title: SD (X) Change () Addition
Name: ROSARIO, HATTLE
Address: 100 NANCY DRIVE
City-St-Zip: SAINT MARYS, GA 31558

Title: T (X) Change () Addition
Name: GERMANY, RENITA
Address: 725 LANEY WALKER RD
City-St-Zip: AUGUSTA, GA 30901

I hereby certify that the information supplied with this filing does not qualify for the 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: FAITH COZART

VPD

10/19/2006

Electronic Signature of Signing Officer or Director

Date