


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 09, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # N99000003049**

1. Entity Name,  
**BROTHERHOOD OF CONCERN, INC.**



Principal Place of Business  
**8138 CAYUGA TRAIL W  
 JACKSONVILLE, FL 32244**

Mailing Address  
**PO BOX 2026  
 JACKSONVILLE, FL 32203**

**DO NOT WRITE IN THIS SPACE**



05072007 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**59-3577400**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
 Due by September 14, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KINGCANNON, DAVID 1149 WALTON TRAIL AUGUSTA, GA 30815
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD COZART, FAITH 5078 HEREFORD FARM RD EVANS, GA 30809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROSARIO, HATTLE 100 NANCY DRIVE SAINT MARYS, GA 31558
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GERMANY, RENITA 725 LANEY WALKER RD AUGUSTA, GA 30901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

U00000763042  
 05/29/07-80038-014 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *David Kingcannon* *Faith Cozart* *VPD* Date *5/10/07* 706 799 9852  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #