

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003049

FILED  
Apr 23, 2008  
Secretary of State

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:**

PO BOX 2026  
JACKSONVILLE, FL 32203

**New Mailing Address:**

FEI Number: 59-3577400      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CURTIS, GLENDA  
2658 B SUNRISE VILLAGE DRIVE  
ORANGE PARK, FL 32073 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 ( ) Delete  
Name: KINGCANNON, DAVID  
Address: 1149 WALTON TRAIL  
City-St-Zip: AUGUSTA, GA 30815

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: DAVID KINGCANNON

PD

04/23/2008

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

\_\_\_\_\_  
Date