

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000007226

**FILED**  
**Jan 10, 2017**  
**Secretary of State**  
**CC7652945845**

**Entity Name:** BRETHREN REACHING OUT, INCORPORATED

**Current Principal Place of Business:**

CENTRAL FLORIDA DREAM CENTER  
225 N KENNEL RD  
SANFORD, FL 32771

**Current Mailing Address:**

BRETHREN REACHING OUT  
PO BOX 465  
SANFORD, FL 32771 US

**FEI Number:** 59-3507190

**Certificate of Status Desired:** No

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

DAVIS, ROSE D  
201 AVOCODA AVE  
SANFORD, FL 32771 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:** ROSE D DAVIS

01/10/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            DAVIS, ROSE D  
Address        201 AVOCODA AVE  
City-State-Zip: SANFORD FL 32771

Title            SECRETARY  
Name            WILLETS, HOLLY  
Address        32530 OKALOOSA TRAIL  
City-State-Zip: SORRENTO FL 32776

Title            OTHER  
Name            KOSCOE, STEVE  
Address        4460 CANAL DR  
City-State-Zip: SANFORD FL 32771-9517

Title            OTHER  
Name            LAWSON, BOBBY  
Address        1542 REDWOOD GROVE TERRACE  
City-State-Zip: LAKE MARY FL 32746

*I hereby 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 all other like empowered.*

**SIGNATURE:** ROSE DAVIS

**PRESIDENT**

01/10/2017

Electronic Signature of Signing Officer/Director Detail

Date