2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004
Secretary of State

DOCUMENT# N00000002011

Entity Name: DON BREWER FOUNDATION, INC.

Current Principal Place of Business:

421 WEST CHURCH STREET SUITE 222
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

421 WEST CHURCH STREET SUITE 222
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 59-3697585 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHARLES R. CURLEY, JR.
1301 RIVERPLACE BLVD., SUITE 1500
JACKSONVILLE, FL 32207 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: D ( ) Delete
Name: CRAWFORD, TONI
Address: 421 WEST CHURCH STREET SUITE 222
City-St-Zip: JACKSONVILLE, FL 32202

Title: D ( ) Delete
Name: PAUL, PAM
Address: 421 WEST CHURCH STREET SUITE 222
City-St-Zip: JACKSONVILLE, FL 32202

Title: D ( ) Delete
Name: BREWER, JERI
Address: 421 WEST CHURCH STREET SUITE 222
City-St-Zip: JACKSONVILLE, FL 32202

Title: D ( ) Delete
Name: CATLETT, RICK
Address: 421 WEST CHURCH STREET SUITE 222
City-St-Zip: JACKSONVILLE, FL 32202

Title: D ( ) Delete
Name: CIARLONI, FRED
Address: 421 WEST CHURCH STREET SUITE 222
City-St-Zip: JACKSONVILLE, FL 32202

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:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: TONI CRAWFORD D 05/10/2004
Electronic Signature of Signing Officer or Director — Date