2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002011

Title:

Name:

Address:

City-St-Zip:

FILED Apr 30, 2008 Secretary of State

Entity Name: DON BREWER FOUNDATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 1095 A PHILLIP RANDOLF BLVD JACKSONVILLE, FL 32206 **Current Mailing Address: New Mailing Address:** 989 PONTE VEDRA BLVD PONTE VEDRA BEACH, FL 32082 FEI Number: 59-3697585 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CHARLES R. CURLEY, JR. 1301 RIVERPLACE BLVD., SUITE 1500 JACKSONVILLE, FL 32207 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition CRAWFORD, TONI Name: Name: 989 PONTE VEDRA BLVD Address: Address: City-St-Zip: PONTE VEDRA BEACH, FL 32082 City-St-Zip: Title: () Delete Title: () Change () Addition Name: PAUL, PAM Name: Address: 963 PONTE VEDRA BLVD Address: City-St-Zip: PONTE VEDRA BEACH, FL 32082 City-St-Zip: Title: () Delete Title: () Change () Addition BREWER, JERI Name: Name: 3906 OCTAVE DRIVE Address: Address: City-St-Zip: JACKSONVILLE, FL 32277 City-St-Zip: Title: () Delete Title: () Change () Addition Name: CATLETT, RICK Name: 1 GATOR BOWL DRIVE Address: Address: City-St-Zip: JACKSONVILLE, FL 32202 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ANTONIA CRAWFORD MRS. 04/30/2008

() Delete

1095 PHILLIP RANDOLF BLVD.

JACKSONVILLE, FL 32202

CIARLONI, FRED

() Change () Addition