


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90196 037 ****61.25


DOCUMENT # N01000008515
 1. Entity Name
THE BRACKETT FAMILY FOUNDATION, INC.



Principal Place of Business Mailing Address
4620 - 16TH STREET **POST OFFICE BOX 969**
VERO BEACH, FL 32966 **VERO BEACH, FL 32961**

DO NOT WRITE IN THIS SPACE

40080488



04212006 No Chg-NP CR2E037 (11/05)

4. FEI Number	Applied For
65-1156786	Not Applicable

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

6. Name and Address of Current Registered Agent
BRACKETT, ROBERT L
4620 16TH ST
VERO BEACH, FL 32961

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BRACKETT, ROBERT L
STREET ADDRESS	PO BOX 969
CITY-ST-ZIP	VERO BEACH, FL 32961
TITLE	D
NAME	BRACKETT, SANDRA D
STREET ADDRESS	PO BOX 969
CITY-ST-ZIP	VERO BEACH, FL 32961
TITLE	D
NAME	BRACKETT, ROBERT A II
STREET ADDRESS	PO BOX 969
CITY-ST-ZIP	VERO BEACH, FL 32966
TITLE	D
NAME	BRACKETT, DANIEL S
STREET ADDRESS	1425 43RD COURT
CITY-ST-ZIP	VERO BEACH, FL 32966
TITLE	D
NAME	Glenda Wild
STREET ADDRESS	1665 51st Court
CITY-ST-ZIP	VERO BEACH FL 32966
TITLE	D
NAME	Sue Dean
STREET ADDRESS	4910 13th Lane
CITY-ST-ZIP	VERO BEACH FL 32966

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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 of 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: Robert L. Brackett Date: 4/21/06 Daytime Phone #: (772) 567-4303