

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000004114

**Entity Name:** MICHAEL JOSEPH BRINK FOUNDATION INC.**Current Principal Place of Business:**15865 MEADOW WOOD DRIVE  
WELLINGTON, FL 33414**Current Mailing Address:**15865 MEADOW WOOD DRIVE  
WELLINGTON, FL 33414 US**FEI Number:** 45-2072265**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**PENA, NANCY E  
15865 MEADOW WOOD DRIVE  
WELLINGTON, FL 33414 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	P
Name	PENA, NANCY E
Address	15865 MEADOW WOOD DRIVE
City-State-Zip:	WELLINGTON FL 33414

Title	S
Name	PENA, MARCO A
Address	15865 MEADOW WOOD DR
City-State-Zip:	WELLINGTON FL 33414

Title	D
Name	BRINK, NICOLE M
Address	15865 MEADOW WOOD DRIVE
City-State-Zip:	WELLINGTON FL 33414

Title	VP
Name	BRINK, JOSEPH J
Address	15865 MEADOW WOOD DRIVE
City-State-Zip:	WELLINGTON FL 33414

Title	T
Name	PENA, HEATHER M
Address	15865 MEADOW WOOD DR
City-State-Zip:	WELLINGTON FL 33414

Title	D
Name	BRINK, DEANNA R
Address	15865 MEADOW WOOD DRIVE
City-State-Zip:	WELLINGTON FL 33414

*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:** JOSEPH J BRINK

VP

02/21/2016

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date