


FILE NOW: FILING FEE IS \$61.25

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Secretary of State

04-27-1999 90210 006 ***122.50

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 703848					
1. Corporation Name THE ROSA L. BROWN FOUNDATION, INC.					
Principal Place of Business RALEIGH R. RAWLS 1024 N.W. 6TH ST. FT LAUDERDALE FL 33311			Mailing Address RALEIGH R RAWLS 1024 N.W. 6TH ST. FT LAUDERDALE FL 33311		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/06/1962	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2352403	
24 Country		30 Country		5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
RAWLS, RALEIGH R. ESQ 1024 N.W. 6TH ST. FT. LAUDERDALE FL 33311				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROACH, CATO, JR			1.2 NAME			
STREET ADDRESS	1651 NW 28TH AVE			1.3 STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL			1.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BENTON, LOUIS D			2.2 NAME	NORBERT C. WILLIAMS		
STREET ADDRESS	2324 NW 6TH ST.			2.3 STREET ADDRESS	5400 N.W. 64th Terrace		
CITY-ST-ZIP	FT LAUDERDALE FL			2.4 CITY-ST-ZIP	LAUDERHILL, FLORIDA 33319		
TITLE	VD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RAWLS, RALEIGH R, ESQ			3.2 NAME			
STREET ADDRESS	1024 NW 6TH ST.			3.3 STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL			3.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WALKER, THOMAS J, MD			4.2 NAME			
STREET ADDRESS	3771 NW 44TH PLACE			4.3 STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL			4.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILLIAMS, ANNIE W			5.2 NAME			
STREET ADDRESS	421 NW 16TH AVE			5.3 STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered. **RALEIGH R. RAWLS, VD**

SIGNATURE: *Raleigh R. Rawls* **4/22/99** **954 467-7908**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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