

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # 703848	
1. Entity Name THE ROSA L. BROWN FOUNDATION, INC.	
Principal Place of Business 1024 N.W. 6TH ST. FORT LAUDERDALE, FL 33311	Mailing Address RALEIGH R RAWLS 1024 N.W. 6TH ST. FORT LAUDERDALE, FL 33311



04052005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2352403	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent RAWLS, RALEIGH R. ESQ 1024 N.W. 6TH ST. FT. LAUDERDALE, FL 33311
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**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, NORBERT C 5400 NW 64TH TERR LAUDERHILL, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RAWLS, RALEIGH R, ESQ 1024 NW 6TH ST. FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RAWLS, RODNEY P 8325 FAIRWAY RD. SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILLIAMS, ANNIE W 421 NW 16TH AVE FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

UN00000295634
04/09/05-80034-017 61.25

12. 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 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 or 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: *Raleigh R. Rawls, Pres.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____