

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 817867**

1. Entity Name  
**HARRY BRODIE FOUNDATION, INC.**



Principal Place of Business  
% EDWARD LEVINSON  
407 LINCOLN RD. PH-EAST  
MIAMI BCH, FL 33139

Mailing Address  
% EDWARD LEVINSON  
407 LINCOLN RD. PH-EAST  
MIAMI BCH, FL 33139



01042005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**52-6046827**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

LEVINSON ESQ, EDWARD E  
407 LINCOLN RD  
PENTHOUSE EAST  
MIAMI BCH, FL 33139

**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 reinstating)

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	PD
NAME	BRODIE, ZEBULON J
STREET ADDRESS	893 N.E. 79TH STREET
CITY-ST-ZIP	MIAMI, FL 33138
TITLE	VPD
NAME	BRODIE, BEATRICE
STREET ADDRESS	893 N.E. 79TH STREET
CITY-ST-ZIP	MIAMI, FL 33138
TITLE	STD
NAME	KAISER, SUZANNE
STREET ADDRESS	893 N.E. 79TH STREET
CITY-ST-ZIP	MIAMI, FL 33138
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000183833  
01/20/05-80006-008 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Zebulon J. Brodie*  
Jan 10, 2005

305-754-3800  
Daytime Phone #