

J7 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

FILED
Jan 12, 2007 08:00 A
Secretary of State



01032007 No Chg-NP

CR2E037 (4/06)

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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, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000585514
01/16/07-80016-002 70.00

10. OFFICERS AND DIRECTORS

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
BRODIE, BEATRICE
893 N.E. 79TH STREET
MIAMI, FL 33138

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
KAISER, SUZANNE
893 N.E. 79TH STREET
MIAMI, FL 33138

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 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: *Zebulon J. Brodie* (Zebulon J. Brodie)

1-8-2007

410-810-0036

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #