2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2007
Secretary of State

DOCUMENT# N00000007122

Entity Name: CHARLES J. "CHUCK" BROWNE MEMORIAL SCHOLARSHIP FUND, INC.

Current Principal Place of Business:

1700 NW 66TH AVE, SUITE 100-B
PLANTATION, FL 33313

New Principal Place of Business:

Current Mailing Address:

1700 NW 66TH AVE, SUITE 100-B
PLANTATION, FL 33313

New Mailing Address:

FEI Number: 65-1068713 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PHILLIPS, KATHLEEN
9360 SW 72ND STREET
MIAMI, FL 33173 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: REYNOLDS, DANIEL D
Address: 1700 N.W. 66TH AVE., #100B
City-St-Zip: PLANTATION, FL 33313

Title: VP ( ) Delete
Name: MCCLURE, DONNA
Address: 1700 N.W. 66TH AVE., 100B
City-St-Zip: PLANTATION, FL 33313

Title: VP ( ) Delete
Name: MARZILIANO, JACK M
Address: 1700 N.W. 66TH AVE., #100B
City-St-Zip: PLANTATION, FL 33313

Title: S ( ) Delete
Name: LAMBERT, PATRICK
Address: 1700 NW 66TH AVE., #100B
City-St-Zip: PLANTATION, FL 33313

Title: VP ( ) Delete
Name: SWANK, MARILYN
Address: 1700 NW 66TH AVE., #100B
City-St-Zip: PLANTATION, FL 33313

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: MASTERS, GUY T
Address: 1700 N.W. 66TH AVE., #100B
City-St-Zip: PLANTATION, FL 33313

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DANIEL REYNOLDS PRES 01/03/2007

Electronic Signature of Signing Officer or Director — Date