

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

FILED

**Jan 12, 2005 08:00 AM
Secretary of State**

DOCUMENT # N00000008406	
1. Entity Name JIM AND KATHY BROWN FAMILY FOUNDATION, INC.	
Principal Place of Business 272 W. KEY PALM ROAD BOCA RATON, FL 33432	Mailing Address 272 W. KEY PALM ROAD BOCA RATON, FL 33432



01042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1071708	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WOLASKY, MARJORIE E ESQ. 9400 SOUTH DADELAND BOULEVARD SUITE 300 MIAMI, FL 33156	DO NOT WRITE IN THIS SPACE
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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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	DP BROWN, JAMES F 272 W. KEY PALM ROAD BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BROWN, KATHLEEN M 272 W. KEY PALM ROAD BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BROWN, GREGORY J 272 W. KEY PALM ROAD BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BROWN, CHRISTOPHER M 272 W. KEY PALM ROAD BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000178283
- 01/12/05-80021-017 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

James F. Brown **JAMES F. BROWN, President** 1/12/2005 (561) 338-8800

Date

Daytime Phone #