

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2008 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**



01062008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1071708

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$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**

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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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BROWN, JAMES F
STREET ADDRESS	272 W. KEY PALM ROAD
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	DVP
NAME	BROWN, KATHLEEN M
STREET ADDRESS	272 W. KEY PALM ROAD
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	DS
NAME	BROWN, GREGORY J
STREET ADDRESS	272 W. KEY PALM ROAD
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	DT
NAME	BROWN, CHRISTOPHER M
STREET ADDRESS	272 W. KEY PALM ROAD
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/09/08-80029-019 61.25

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James F. Brown **James F. Brown** President

Date

1/7/08

Daytime Phone #

(561) 338-8800