

FILE NOW: FILING FEE IS \$61.25

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May 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N00512 (6)

1. Corporation Name
THE BROWN SCHOOLS FOUNDATION, INC.

Principal Place of Business 3300 NW 27TH AVENUE ROOM 210 MIAMI FL 33142 US	Mailing Address 5770 MILLER ROAD P.O. Box 4008 MIAMI FL 33155-0001 AUSTIN TX 78765 US
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2. Principal Place of Business 21 1000 S.W. 84th AVENUE Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. Box 4008 Suite, Apt. #, etc.
22 City & State 23 PEMBROKE PINES, FL Zip 24 33025 Country 25 USA	27 City & State 28 AUSTIN, TX Zip 29 78765 Country 30 USA

9. Name and Address of Current Registered Agent

**PETERSON, THOMAS K
5770 MILLER RD.
MIAMI FL 33155**

3. Date Incorporated or Qualified 12/21/1983	3a. Date of Last Report 03/08/1996
4. FEI Number 59-2357179	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARCOURT, JOHN	1.2 NAME	
STREET ADDRESS	1407 WEST STASSNEY LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	AUSTIN TX	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREIT, SAMUEL "BUDDY"	2.2 NAME	
STREET ADDRESS	2419 WINTHROP	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSEN, THOMAS K.	3.2 NAME	
STREET ADDRESS	5770 MILLER RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33155	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERCEY, DR M MD	4.2 NAME	
STREET ADDRESS	1407 WEST STASSNEY LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	AUSTIN TX	4.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDIN, RICHARD R	5.2 NAME	
STREET ADDRESS	1407 WEST STASSNEY LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	AUSTIN TX	5.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERRING, GREG	6.2 NAME	
STREET ADDRESS	1407 WEST STASSNEY LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	AUSTIN TX	6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: **GREGORY HERRING** 4/16/97 (512) 464-0239
TREASURER

CR2E037 (9/96)