


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 03, 2005 8:00 am
Secretary of State

06-03-2005 90002 035 ****61.25

DOCUMENT # N00512	
1. Entity Name THE BROWN SCHOOLS FOUNDATION, INC.	

Principal Place of Business 3300 NW 27TH AVE. MIAMI, FL 33142 US	Mailing Address 3300 NW 27TH AVE. MIAMI, FL 33142 US
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50053266



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

05312005 Chg-NP CR2E037 (10/03)

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. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PETERSON, THOMAS K 5770 MILLER RD. MIAMI, FL 33155		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	President	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NAPLES, ROBERT			NAME	Peterson, Thomas K.		
STREET ADDRESS	1407 WEST STASSNEY LANE			STREET ADDRESS	5770 Miller Rd.		
CITY-ST-ZIP	AUSTIN, TX 78745			CITY-ST-ZIP	Miami, FL 33155		
TITLE	VD	<input type="checkbox"/> Delete		TITLE	Sec'y/Treasurer	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	PETERSEN, THOMAS K.			NAME	Jennifer Schuster		
STREET ADDRESS	5770 MILLER RD.			STREET ADDRESS	3300 NW 27th Ave.		
CITY-ST-ZIP	MIAMI, FL 33155			CITY-ST-ZIP	Miami, FL 33142		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	PIERCEY, MICHAEL MD			NAME	John Harcourt		
STREET ADDRESS	555 SOUTHWEST 148TH AVE			STREET ADDRESS	4207 Highway 290 East		
CITY-ST-ZIP	SUNRISE, FL 33325			CITY-ST-ZIP	Dripping Springs, Texas 78620		
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE	Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	YOUNG, ROD			NAME	M.J. Sanchez		
STREET ADDRESS	1407 WEST STASSNEY LANE			STREET ADDRESS	4717 NW 59th Dr.		
CITY-ST-ZIP	AUSTIN, TX 78745			CITY-ST-ZIP	Gainesville, Florida 32600		
TITLE		<input type="checkbox"/> Delete		TITLE	Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				NAME	Angela Real		
STREET ADDRESS				STREET ADDRESS	3775 NW 106th Dr.		
CITY-ST-ZIP				CITY-ST-ZIP	Coral Springs, Florida 33065		
TITLE		<input type="checkbox"/> Delete		TITLE	Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				NAME	Bessie Cristwell		
STREET ADDRESS				STREET ADDRESS	11560 NW 31st St.		
CITY-ST-ZIP				CITY-ST-ZIP	Coral Springs, Florida 33065		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(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: Jennifer Schuster Jennifer Schuster Sec'y/Treasurer 5/31/05 305-903-9792
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #