

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

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000008515

1. Entity Name
THE BRACKETT FAMILY FOUNDATION, INC.



Principal Place of Business
4620 - 16TH STREET
VERO BEACH, FL 32966

Mailing Address
POST OFFICE BOX 969
VERO BEACH, FL 32961



01052005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1156786

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRACKETT, ROBERT L
4620 16TH ST
VERO BEACH, FL 32961

**DO NOT WRITE
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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME BRACKETT, ROBERT L
STREET ADDRESS PO BOX 969
CITY - ST - ZIP VERO BEACH, FL 32961

TITLE D
NAME BRACKETT, SANDRA D
STREET ADDRESS PO BOX 969
CITY - ST - ZIP VERO BEACH, FL 32961

TITLE D
NAME BRACKETT, ROBERT A II
STREET ADDRESS PO BOX 969
CITY - ST - ZIP VERO BEACH, FL 32966

TITLE D
NAME BRACKETT, DANIEL S
STREET ADDRESS 1425 43RD COURT
CITY - ST - ZIP VERO BEACH, FL 32966

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000303019

04/13/05-80096-003 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)(f), 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

Date

Daytime Phone #

4/11/05 (772) 567-4303