


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 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
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01032007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1156786	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BRACKETT, ROBERT L 4620 16TH ST VERO BEACH, FL 32961
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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U00000578989
01/09/07-80051-015 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRACKETT, ROBERT L PO BOX 969 VERO BEACH, FL 32961
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRACKETT, SANDRA D PO BOX 969 VERO BEACH, FL 32961
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRACKETT, ROBERT A II PO BOX 969 VERO BEACH, FL 32966
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRACKETT, DANIEL S 1425 43RD COURT VERO BEACH, FL 32966
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILD, GLENDA 1665 51ST SOUT VERO BEACH, FL 32966
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEAN, SUE 4910 13TH LANE VERO BEACH, FL 32966

**DO NOT WRITE
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

1/4/07 (771) 567-4303
Date Daytime Phone #