


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 A
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

DO NOT WRITE IN THIS SPACE



01032008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-1156786	Applied For Not Applicable
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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 _____ (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**

U00000883967
 04/17/08-00025-002 \$1.25

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: Robert L. Brackett **4/7/08** **772 567-4303**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #