

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90098 017 ****61.25

DOCUMENT # N02000003284

1. Entity Name
MJ BROOKS FAMILY FOUNDATION, INC.



Principal Place of Business
**C/O JONATHAN E. GOPMAN, ESQ.
3001 TAMIAMI TRAIL NORTH
NAPLES, FL 34103**

Mailing Address
**C/O JONATHAN E. GOPMAN, ESQ.
3001 TAMIAMI TRAIL NORTH
NAPLES, FL 34103**

60037734



2. Principal Place of Business

3. Mailing Address

05052006 Chg-NP CR2E037 (4/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
46-0483226

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GOPMAN, JONATHAN E ESQ.
C/O CUMMINGS & LOCKWOOD LLC
3001 TAMIAMI TRAIL NORTH
NAPLES, FL 34103**

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 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BROOKS, ERIC 9 RED ROOF LANE SALEM, NH 03087	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD BROOKS, HAROLD J 9 RED ROOF LANE SALEM, NH 03087	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BROOKS, JULIE T 9 RED ROOF LANE SALEM, NH 03087	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCD GOPMAN, JONATHAN E 3001 TAMIAMI TRAIL NORTH NAPLES, FL 34103	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CARPENTER, KENNETH D II 40 WOODVUE ROAD, STE 419A WINDHAM, NH 03087	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD PELUSO, LINDA G 9 RED ROOF LANE SALEM, NH 03087	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
See attached Schedule "A"	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Date

Daytime Phone #

Jonathan E. Gopman

(239)649-3119

ATTACHMENT 60037734
SCHEDULE "A" #N02000063284

ADDITIONAL OFFICERS & DIRECTORS

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City/State/Zip
D	Brad Richards	9 Red Roof Lane	Salem, NH 03087

ATTACHMENT

Robin H. Doxey
Corporate Paralegal

239.649.3186 Direct
239.430.3348 Fax
rdoxey@cl-law.com
www.cl-law.com

Street Address:
3001 Tamiami Trail North
Naples, FL 34103

Post Office Address:
P.O. Box 413032
Naples, FL 34101

239.262.8311 Phone
239.263.0703 Fax

CUMMINGS & LOCKWOOD LLC

60037734
#N0200000384

May 5, 2006

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. Box 1500
Tallahassee, Florida 32302-1500

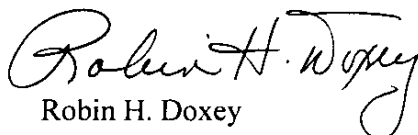
Re: Filing of 2006 Annual Report for MJ Brooks Family
Foundation, Inc.

To Whom It May Concern:

Enclosed please find a check for \$61.25 made payable to the Department of State and a signed copy (with attachment) of the 2006 Not-For-Profit Corporation Annual Report. Please process this report.

If you need any further information to complete this request, please contact me.

Very truly yours,


Robin H. Doxey

RHD/rhd
Enclosures