

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003284

FILED
Mar 28, 2008
Secretary of State

Entity Name: MJ BROOKS FAMILY FOUNDATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 46-0483226

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BROOKS, ERIC
Address: 9 RED ROOF LANE
City-St-Zip: SALEM, NH 03087

Title: VSD () Delete
Name: BROOKS, HAROLD J
Address: 9 RED ROOF LANE
City-St-Zip: SALEM, NH 03087

Title: T () Delete
Name: BROOKS, JULIE T
Address: 9 RED ROOF LANE
City-St-Zip: SALEM, NH 03087

Title: VCD () Delete
Name: GOPMAN, JONATHAN E
Address: 3001 TAMIAMI TRAIL NORTH
City-St-Zip: NAPLES, FL 34103

Title: D () Delete
Name: RICHARDS, BRAD
Address: 9 RED ROOF LANE
City-St-Zip: SALEM, NH 03087

Title: CD () Delete
Name: PELUSO, LINDA G
Address: 9 RED ROOF LANE
City-St-Zip: SALEM, NH 03087

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JONATHAN E GOPMAN

VCD

03/28/2008

Electronic Signature of Signing Officer or Director

Date