

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002167

FILED  
Mar 14, 2012  
Secretary of State

**Entity Name:** DERRICK BROOKS CHARITIES, INC.

**Current Principal Place of Business:**

10014 N DALE MABRY  
101  
TAMPA, FL 33618

**New Principal Place of Business:**

**Current Mailing Address:**

10014 N DALE MABRY  
101  
TAMPA, FL 33618

**New Mailing Address:**

**FEI Number:** 45-0496688

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BROOKS, DERRICK  
12815 PACIFICA PLACE  
TAMPA, FL 33625 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  
Name: BROOKS, DERRICK  
Address: 12815 PACIFICA PLACE  
City-St-Zip: TAMPA, FL 33625

Title: VP/S  
Name: BROOKS, CAROL  
Address: 12815 PACIFICA PLACE  
City-St-Zip: TAMPA, FL 33625

Title: D  
Name: CURRY, TERRY  
Address: 2820 S. MILLER ROAD  
City-St-Zip: VALRICO, FL 33596

Title: D  
Name: WHITE, TRACY MR.  
Address: 6142 ST JOE CENTER RD.  
City-St-Zip: FORT WAYNE, IN 46835

Title: D  
Name: MILAM, DENNIS MR.  
Address: 13577 FEATHER SOUND DRIVE SUITE 400  
City-St-Zip: CLEARWATER, FL 33762

Title: D  
Name: FITZSIMMONS, KEVIN  
Address: 457 MARMORA AVENUE  
City-St-Zip: TAMPA, FL 33606

I hereby 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 all other like empowered.

**SIGNATURE:** DERRICK BROOKS

P

03/14/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date