

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000011031

FILED
Apr 14, 2009
Secretary of State

Entity Name: THE CRAIG & VICKI BROWN FAMILY FOUNDATION, INC.

Current Principal Place of Business:

900 FOX VALLEY DRIVE
SWEETWATER SQUARE STE 102
LONGWOOD, FL 32779

New Principal Place of Business:

12010 COLLIER'S RESERVE DRIVE
NAPLES, FL 34110

Current Mailing Address:

900 FOX VALLEY DRIVE
SWEETWATER SQUARE STE 102
LONGWOOD, FL 32779

New Mailing Address:

12010 COLLIER'S RESERVE DRIVE
NAPLES, FL 34110

FEI Number: 16-1689348

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SWEETWATER LAW OFFICES, PLC
900 FOX VALLEY DRIVE
SWEETWATER SQUARE STE 102
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

BROWN, CRAIG D
12010 COLLIER'S RESERVE DRIVE
NAPLES, FL 34110 US

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: CRAIG D. BROWN

04/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BROWN, CRAIG D
Address: 39 KEELER'S RIDGE ROAD
City-St-Zip: WILTON, CT 06897

Title: D () Delete
Name: BROWN, VICKIE
Address: 39 KEELER'S RIDGE ROAD
City-St-Zip: WILTON, CT 06897

Title: D () Delete
Name: BROWN, CHRISTINA
Address: 39 KEELER'S RIDGE ROAD
City-St-Zip: WILTON, CT 06897

Title: D () Delete
Name: BROWN, JENNIFER
Address: 39 KEELER'S RIDGE ROAD
City-St-Zip: WILTON, CT 06897

Title: D () Delete
Name: BROWN, JEFFREY
Address: 39 KEELER'S RIDGE ROAD
City-St-Zip: WILTON, CT 06897

Title: D () Delete
Name: BEARDSLEE, ROBERT
Address: 950 S OLD WOODWARD STE 210
City-St-Zip: BIRMINGHAM, MI 48009

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
Name:
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: ROBERT BEARDSLEE

D

04/14/2009

Electronic Signature of Signing Officer or Director

Date