

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 08, 2005 8:00 am
Secretary of State

09-08-2005 90065 039 *****61.25

DOCUMENT # N04030000251

1. Entity Name

THE KEITH BROOKING CHILDREN'S FOUNDATION,
INC.



Principal Place of Business

1500 EMERALD COAST PARKWAY
DESTIN FL 32541

Mailing Address

1500 EMERALD COAST PARKWAY
DESTIN FL 32541

2. Principal Place of Business

30 Cove Crossing

Suite, Apt. #, etc.

3. Mailing Address

30 Cove Crossing

Suite, Apt. #, etc.

City & State

Newnan, GA

City & State

Newnan, GA

Zip

30263

Country

USA

Zip

30263

Country

USA

4. FEI Number

20-0209474

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SUMRALL, ELIZABETH A
1500 EMERALD COAST PARKWAY
DESTIN FL 32541

7. Name and Address of New Registered Agent

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

FILE NOW: FEE IS \$61.25
Due By September 7, 2005

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
BROOKING, KEITH
4400 FALCON PARKWAY
FLOWERY BRANCH GA 30542
ED ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
WEATHERSBY, GINA
30 COVE CROSSING
NEWNAN GA 30263 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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CITY - ST - ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] Gina Weathersby 8-24-05

770-683-4377