

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010683

FILED
Apr 30, 2006
Secretary of State

Entity Name: BROWNSVILLE CHARRETTE NEIGHBORHOOD FOUNDATION, INC.

Current Principal Place of Business:

JEFFERSON REAVES SR. PARK
3090 NW 50TH STREET
MIAMI, FL 33142 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 471205
MIAMI, FL 33247 US

New Mailing Address:

FEI Number: 73-1722966

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EVERETT, TIMOTHY
2101 NW 51ST STREET
MIAMI, FL 33142 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: CH/P () Delete
Name: KILPATRICK, KENNETH M
Address: 1901 NW 81 STREET
City-St-Zip: MIAMI, FL 33147 US

Title: 1-VP () Delete
Name: EVERETT, TIMOTHY
Address: 2140 NW 50 STREET
City-St-Zip: MIAMI, FL 33142 US

Title: 2-VP () Delete
Name: JACKSON, MACK
Address: 4490 NW 33 AVENUE
City-St-Zip: MIAMI, FL 33142 US

Title: TR () Delete
Name: STEWART, EVERETT
Address: 3246 NW 48 TERRACE
City-St-Zip: MIAMI, FL 33142 US

Title: 2-TR () Delete
Name: SPENCE, SAMUEL
Address: 2138 NW 49 STREET
City-St-Zip: MIAMI, FL 33142 US

Title: SEC () Delete
Name: SLATER, MARY
Address: 5611 NW 24 AVENUE
City-St-Zip: MIAMI, FL 33142 US

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 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: KENNETH M. KILPATRICK

CH/P

04/30/2006

Electronic Signature of Signing Officer or Director

Date