
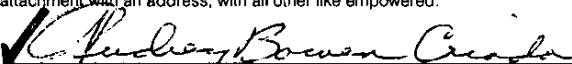


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90097 049 \*\*\*\*61.25

<b>DOCUMENT # N05000012267</b> 1. Entity Name LILY BRENTANO FOUNDATION, INC.					
Principal Place of Business 2600 NE 14TH STREET CAUSEWAY POMPANO BEACH, FL 33062			Mailing Address 2600 NE 14TH STREET CAUSEWAY POMPANO BEACH, FL 33062		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-3915425	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  SCOTT, W. THORNTON ESQ 2600 NE 14TH STREET CAUSEWAY POMPANO BEACH, FL 33062				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURRAN-HALPAIN, MAUREEN		NAME	Curran-Halpain, Maureen	
STREET ADDRESS	4250 MT HENRY AVE		STREET ADDRESS	4250 Mt Henry Avenue	
CITY-ST-ZIP	GOLETA, CA 93117		CITY-ST-ZIP	San Diego, CA 92117	
TITLE	DT	<input type="checkbox"/> Delete	TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BANNON, ROBERT		NAME	Regina Bennett	
STREET ADDRESS	POB 979		STREET ADDRESS	666 W. Sammamish Parkway East	
CITY-ST-ZIP	YOUNG HARRIS, GA 30582		CITY-ST-ZIP	Bellevue, WA 98006	
TITLE	VP&D	<input type="checkbox"/> Delete	TITLE	D VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWEN-CRIADO, AUDREY		NAME	Bowen-Criado, Audrey	
STREET ADDRESS	17166 WATERBEND DRIVE, #209		STREET ADDRESS	Same Address	
CITY-ST-ZIP	JUPITER, FL 33477		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> 			3/6/08 561-741-0595		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Audrey Bowen-Criado			Date Daytime Phone #		