

# 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2007 AUG 29 AM 9:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07092007 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # N06000003919</b> 1. Entity Name THE BRIAN FOUNDATION, INC.					
Principal Place of Business % EMILY HUGHEY 910 VANDERBILT RD. #516 NAPLES, FL 34108			Mailing Address % EMILY HUGHEY 910 VANDERBILT RD. #516 NAPLES, FL 34108		
2. Principal Place of Business - No P.O. Box # <b>1491 BEECHWOOD TR SW</b>		3. Mailing Address <b>SAME</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>FT. MYERS FL</b>		City & State		4. FEI Number <b>77-0688043</b>	
Zip <b>33919</b>		Country <b>LEE</b>		Zip Country	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>HUGHEY, EMILIE</b> <b>910 VANDERBILT RD.</b> <b>#516</b> <b>NAPLES, FL 34108</b>			7. Name and Address of New Registered Agent Name <b>Dawson Gladding</b> Street Address (P.O. Box Number is Not Acceptable) <b>1491 Beechwood Trail SW</b> City <b>Ft Myers</b> <b>FL</b> Zip Code <b>33919</b>		
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 <small>Signature, typed or printed name of registered agent and title if applicable</small>			DATE <b>8/15/07</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		Make check payable to <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD HUGHEY, EMILIE 910 VANDERBILT RD. #516 NAPLES, FL 34108	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Dawson Gladding DA 1491 Beechwood Trail SW Ft Myers FL 33919	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WORD, VIRGINIA BROOK RUN LANE ROME, GA	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D William Burdette 15291 Sam Snead Ln. N. Ft. Myers FL 33917	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOEROP, JESSICA 1060 SWALLOW AVE #203 MARCO ISLAND, FL 34145	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D James H. Taylor, D.O. 1443 Friendship Walkway Ft Myers FL 33901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLADDING, DAWSON MD 1491 BEECHWOOD TRAIL SW FORT MYERS, FL 33919	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kenneth Bruce 600 96th Ave N Naples FL 34108	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEPHERD, JEANETTE 8456 BRITANNIA DRIVE FORT MYERS, FL 33912	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Richard Fessel 118 S.E. 38th Terrace Cape Coral FL 33904	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEPHERD, JEANETTE 8456 BRITANNIA DRIVE FORT MYERS, FL 33912	<input type="checkbox"/> Delete	500109149635 09/06/07--01051--010 **70.00		
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.					
SIGNATURE:			DATE <b>8/15/07</b> DAYTIME PHONE # <b>239 482 6254</b>		