

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. McArthur  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N06798

(5)

1. Corporation Name

BRENTWOOD FOUNDATION, INC.



Principal Place of Business

5430 W GULF TO LAKE H  
LECANTO FL 34461

Mailing Address

P.O. BOX 640247  
BEVERLY HILLS FL 34464  
US

3. Date Incorporated or Qualified  
01/04/1985

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
59-2657574

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOIRE, DONNA  
3505 N LECANTO HWY  
BEVERLY HILLS FL 34465

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE  
NAME WATTS, W. R.  
STREET ADDRESS 4237 N PONY DR  
CITY-ST-ZIP BEVERLY HILLS FL

1.1 TITLE VD ☐ Change ☒ Addition  
1.2 NAME JOHNNYE FRIEDRICH  
1.3 STREET ADDRESS 1125 Sterling Rd. Suite #4  
1.4 CITY-ST-ZIP Inverness, FL 34450

TITLE TD ☐ DELETE  
NAME BOIRE, DONNA  
STREET ADDRESS P O BOX 5630 N/A  
CITY-ST-ZIP SPRING HILL FL

2.1 TITLE SD ☐ Change ☒ Addition  
2.2 NAME KAY MANSMANN  
2.3 STREET ADDRESS 3580 N Willowtree Pt  
2.4 CITY-ST-ZIP Beverly Hills FL 34465

TITLE DV ☒ DELETE  
NAME DEARBORN, MARGE  
STREET ADDRESS 5555 W. PINE RIDGE BLVD.  
CITY-ST-ZIP BEVERLY HILLS FL

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE DV ☒ DELETE  
NAME WISE, JAMES  
STREET ADDRESS 3100 N. CHICASAW WAY  
CITY-ST-ZIP SPRING HILL FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE SD ☒ DELETE  
NAME SLAYMAKER, THOMAS  
STREET ADDRESS 2218 W HWY 44  
CITY-ST-ZIP INVERNESS FL

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)