

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003239

FILED
Apr 07, 2009
Secretary of State

Entity Name: JAMES EDWARD BREWTON FOUNDATION, INC.

Current Principal Place of Business:

1601 BAYHOUSE POINT DRIVE, BA-204
SARASOTA, FL 34231

New Principal Place of Business:

Current Mailing Address:

1601 BAYHOUSE POINT DRIVE, BA-204
SARASOTA, FL 34231

New Mailing Address:

FEI Number: 26-2354516

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSENTHAL, SIMON M
1601 BAYHOUSE POINT DRIVE, BA-204
SARASOTA, FL 34231 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: DP () Delete
Name: SCHILLING, EMILY B
Address: 1601 BAYHOUSE POINT DRIVE, BA-204
City-St-Zip: SARASOTA, FL 34231

Title: VD () Delete
Name: ROSENTHAL, SIMON M
Address: 1601 BAYHOUSE POINT DRIVE, BA-204
City-St-Zip: SARASOTA, FL 34231

Title: D () Delete
Name: WEINGRAD, PATTI
Address: 420 S 24TH STREET
City-St-Zip: PHILADELPHIA, PA 19146

Title: D () Delete
Name: WEINGRAD, RONALD
Address: 420 S 24TH STREET
City-St-Zip: PHILADELPHIA, PA 19146

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
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: EMILY B. SCHILLING

DP

04/07/2009

Electronic Signature of Signing Officer or Director

Date