

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 10 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N12123** (8)

1. Corporation Name

**B & R FOUNDATION, INC.**

Principal Place of Business

Mailing Address

**8231 BAY COLONY DR  
#804  
NAPLES FL 34108  
US**

**8231 BAY COLONY DR  
#804  
NAPLES FL 34108  
US**



3. Date Incorporated or Qualified

**11/15/1985**

4. FEI Number

**59-2684856**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
Country	Country
24	25
29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

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

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>HOLMES, G. BURTT</b>	
STREET ADDRESS	<b>8231 BAY COLONY DR. #804</b>	
CITY-ST-ZIP	<b>NAPLES FL 33963</b>	

TITLE	<b>DST</b>	<input type="checkbox"/> DELETE
NAME	<b>HOLMES, RUTH W.</b>	
STREET ADDRESS	<b>8231 BAY COLONY DR. #804</b>	
CITY-ST-ZIP	<b>NAPLES FL 33963</b>	

TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>HOLMES, RUTH W.</b>	
STREET ADDRESS	<b>8231 BAY COLONY DR #804</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	

TITLE	<b>DVP</b>	<input type="checkbox"/> DELETE
NAME	<b>HOLMES, RICHARD B.</b>	
STREET ADDRESS	<b>2 REMINGTON CT.</b>	
CITY-ST-ZIP	<b>DERRY NH 03038</b>	

TITLE	<b>DVP</b>	<input type="checkbox"/> DELETE
NAME	<b>HOLMES, DAVID A.</b>	
STREET ADDRESS	<b>9 PRESTWICK DRIVE</b>	
CITY-ST-ZIP	<b>HOPKINTON MA</b>	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Ruth W. Holmes, Sec. / Treas.* 1/7/97 (941)514-0303

CR2E037 (10/97)