## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # N12123**

1. Corporation Name

B & R FOUNDATION, INC.										
Principal Place of 8231 8AY COLO #804 NAPLES FL 3410 US	NY DR	Mailing Address 8231 BAY COLONY DR #804 NAPLES FL 34108 US	8231 BAY COLONY DR #804 NAPLES FL 34108							
2. Principal Pla	ce of Business	2a. Mailing Address				3. Date Incorporated or Qualifed 11/15/1985			15	
21		Suite, Apt. #, etc.				4. FEI Number	<u> </u>	Applie	pplicable	
Suite, Apt. #	e, etc.	27				59-2684856	\$8.7			
City & State		City & State				5. Certificate of Status Desired		Requi		
		28					\$5.0	 00 ма		
Zip	Country	Zip	Coun	try		6. Election Campaign Financing  Trust Fund Contribution		ed to F		
24	25		10			10. Name and Address of New Regis	stered Agent			
<del></del>	9. Name and Address of Current	Registered Agent		81 Nam		··· Hans with			''	
			ľ	·		Not Assertable	<del></del>			
CT CORPO	DRATION SYSTEM		[3	82 Stre	et Addr	ess (P.O. Box Number is Not Acceptable)				
1200 S. Pl	NE ISLAND ROAD		<u> </u>	83						
	ON FL 33324		ļ				85	Zip Co	de -	
				84 City			FL	•	ļ	
i		OUT 1500 Florido Statuta	e the ah	ove-nam	ed corp	poration submits this statement for the pur on's board of directors. I hereby accept th	pose of changin	g its re	gistered	
11. Pursuant to office or reagent. I as	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	ions of, Section 617.0503, Flori	ida Statu	tes.						
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE:	Registered	Agent signat	ure require	ad when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRE	CTOR	S IN 12	
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	☐ Cha	nge	Addition	
TITLE	PD	☐ DELETE	. 1.1 TIT	Œ	Į		_	•		
NAME	HOLMES, G. BURTT		1.2 NA	ME						
STREET ADDRESS	8231 BAY COLONY DR. #804		1.3 ST	REET ADOR	ESS					
CITY-ST-ZIP	NAPLES FL 33963		1,4 CF	TY-ST-ZIP			Cha	inge	Addition	
TITLE	DST	☐ DELETE	2.1 Tt	nle.				•		
NAME	HOLMES, RUTH W.		2.2 N		İ				•	
STREET ADDRESS	AOOA DO VIAO LOO VAN DE MOOA		2.3 \$1	REET ADDR	ESS					
CITY-ST-ZIP	NAPLES FL 33963			ITY-ST-ZIP			Ch	ange	Addition	
TITLE	VP	☐ DELETE	3,1 TI							
NAME	HOLMES, RUTH W.		3.2 N		-					
STREET ADDRESS	AAR BAY OOLONY DD 4004			TREET ADDR	RESS					
CITY-ST-ZIP	NAPLES FL		_	ITY-ST-ZIP			☐ Ch	ange	Addition	
TITLE	DVP	☐ DELETE	4,1 T		1					
NAME	HOLMES, RICHARD B.			IAME	ļ					
STREET ADDRESS	- ATTIMICATION OF			TREET ADD	RESS		•			
CITY-ST-ZIP	DERRY NH 03038			ITY-ST-ZIP				ange	Addition	
TITLE	DVP	☐ DELETE		itle Iame	ł					
NAME	HOLMES, DAVID A.				DE 56	*			*	
STREET ADDRES				TREET ADD						
CITY-ST-ZIP	HOPKINTON MA			TTY-ST-ZIP	-+			nange	Addition	
TITLE		☐ DELETE				•		•		
NAME				NAME	DECC					
STREET ADDRES	ss		6.3	STREET ADD	ress					

1. 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, with all other like empowered.

**FILED** 

Feb 19, 1999 8:00am

**Secretary of State** 

02-19-1999 90027 002 \*\*\*\*61.25