

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N12123**

1. Entity Name  
**B & R FOUNDATION, INC.**



Principal Place of Business

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

Mailing Address

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

**DO NOT WRITE IN THIS SPACE**



03262004 No Chg-NP

CR2E037 (10/03)

4. FEI Number

**59-2684856**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

NOTED: 10600  
6/12/04-60050-004 \$1.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HOLMES, G. BURTT
STREET ADDRESS	8231 BAY COLONY DR. #804
CITY-STATE-ZIP	NAPLES, FL 33963
TITLE	DST
NAME	HOLMES, RUTH W.
STREET ADDRESS	8231 BAY COLONY DR. #804
CITY-STATE-ZIP	NAPLES, FL 33963
TITLE	VP
NAME	HOLMES, RUTH W.
STREET ADDRESS	8231 BAY COLONY DR #804
CITY-STATE-ZIP	NAPLES, FL
TITLE	DVP
NAME	HOLMES, RICHARD B.
STREET ADDRESS	2 REMINGTON CT.
CITY-STATE-ZIP	DERRY, NH 03038
TITLE	DVP
NAME	HOLMES, DAVID A.
STREET ADDRESS	9 PRESTWICK DRIVE
CITY-STATE-ZIP	HOPKINTON, MA
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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IN THIS SPACE**

12. 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 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:**

*Ruth W. Holmes* (Ruth W. Holmes, Sec/Treas)

4/7/04

(239) 514-0303

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #