

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 17, 2004 8:00 am**  
**Secretary of State**

05-17-2004 90020 016 \*\*\*\*61.25

**DOCUMENT # N23924**

**1. Entity Name**  
**THE SHELDON V. AND CARROLL C. BROOKS**  
**FOUNDATION, INC.**



**Principal Place of Business**  
**C/O DAVID C. HARDIN**  
**500 E BROWARD BLVD STE 1950**  
**FT. LAUDERDALE, FL 33394**

**Mailing Address**  
**C/O DAVID C. HARDIN**  
**500 E BROWARD BLVD STE 1950**  
**FT. LAUDERDALE, FL 33394**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05062004 Chg-NP CR2E037 (10/03)

**4. FEI Number**  
**58-1763716**

Applied For  
Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**HARDIN, DAVID C.**  
**500 E BROWARD BLVD STE 1950**  
**FT. LAUDERDALE, FL 33394**

Name

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

City

**FL**

Zip Code

**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 September 8, 2004**

**9. Election Campaign Financing**  
**Trust Fund Contribution** ☐

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

**Make check payable to**  
**Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**TITLE** **D** ☒ **Delete**  
**NAME** **BROOKS, SHELDON V.**  
**STREET ADDRESS** **3 S MARINA DRIVE**  
**CITY- ST- ZIP** **KEY LARGO, FL**

**TITLE** **D** ☐ **Delete**  
**NAME** **BROOKS, CARROLL C.**  
**STREET ADDRESS** **3 S MARINA DRIVE**  
**CITY- ST- ZIP** **KEY LARGO, FL**

**TITLE** **D** ☐ **Delete**  
**NAME** **LEIGHTON, KATHERINE**  
**STREET ADDRESS** **730 2ND AVE- SO #1450**  
**CITY- ST- ZIP** **MINNEAPOLIS, MN**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY- ST- ZIP**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY- ST- ZIP**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY- ST- ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

☐ **Change** ☐ **Addition**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY- ST- ZIP**

**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS**  
**CITY- ST- ZIP**

**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS**  
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**NAME**  
**STREET ADDRESS**  
**CITY- ST- ZIP**

**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS**  
**CITY- ST- ZIP**

**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:**

*Katherine M. Leighton*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**KATHERINE M. LEIGHTON**

Date

Daytime Phone #

5-12-04

612-752-1772