

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90054 001 ****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**

DO NOT WRITE IN THIS SPACE



04172007 No Chg-NP

CR2E037 (4/06)

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

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

**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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LEIGHTON, KATHERINE
730 2ND AVE SO #1460 1300
MINNEAPOLIS, MN**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

4-20-07
Date

612.752.1772
Daytime Phone #