


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 02, 2008 8:00 am
Secretary of State

06-02-2008 90002 024 ****61.25

DOCUMENT # N23924 1. Entity Name THE SHELDON V. AND CARROLL C. BROOKS FOUNDATION, INC.	
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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
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DO NOT WRITE IN THIS SPACE

04242008 No Chg-NP CR2E037 (4/06)

4. FEI Number 58-1763716	Applied For <input type="checkbox"/> Not Applicable
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, type or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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 #1450- 1300 MINNEAPOLIS, MN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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: <i>Katherine M. Leighton</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	4-24-08 Date	Daytime Phone #
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