FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

N30971

(8)

THE BILL C. AND PATRICIA P. BROWN CHARITABLE FOUNDATION, INC.

Principal Place of Business

Mailing Address

FILED Feb 19 1997 8:00am Secretary of State



1543 PALMETTO LANE SARASOTA FL 34236		1543 PALMETTO LANE Sarasota fl 34238-2417					
					3. Date Incorporated or Qualified 03/03/1989	3a. Date of Last 02/21/	Report 1996
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			30-6326564	.	Vot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	3	City & State	······		Election Campaign Financing Trust Fund Contribution		May Be
Zip	Country Zip C		Cou	Country 8. This corporation has liability for intangible tex under s. 199.032,			s. 199.032,
24	25 29 30		30	Florida Statutes Yes No			
	9. Name and Address of Curre	nt Registered Agent	<u>:</u>	<u> </u>	10. Name and Address of New F	legistered Agent	
1			ļ	81 Name			}
SEITL, WAYNE F. 3572 FERNDELL					ddress (P.O. Box Number is Not Acceptable)		
SARASOTA FL 34235				83			
			İ	84 City		FL B5 Zi	Code
11. Pursuant to office or reagent. I ar	to the provisions of Sections 617.05(egistered agent, or both, in the State m familiar with, and accept the oblig	02 and 617.1508, Florida Statul e of Florida. Such change was pations of, Section 617.0503, Fl	tes, the at authorized orida Stat	ove-named by the courses.	d corporation submits this statement for the poration's board of directors. I hereby acc	purpose of changing ept the appointment i	ite registered as registered
SIGNATURE							
	Signal, re, typed or printed name of registered ag			Agent aignatus	e required when reinstating)	DATE CONTROL	300 IV 40
12.	PD OFFICERS AN	ID DIRECTORS DELETE	13.) E	ADDITIONS/CHANGES TO OFF	Change	
TITLE NAME	BROWN, BILL C.	- DEELIE	1.2 N/		\	Land Crienty	, La Accilian
STREET ADDRESS	1543 PALMETTO LANE			imic Reet address			:
1	SARASOTA FL						
CITY - ST - ZIP TITLE	STD	DELETÉ	2170	TY-ST-ZIP	<u> </u>	Chano	Addition
NAME	BROWN, PATRICIA P.		2.2 N		Ī		
STREET ADDRESS	1543 PALMETTO LANE		16	reet address	1		
CITY-ST-ZIP	SARASOTA FL			TY-ST-ZIP			
TITLE	D	DELETE	3.1 Tr			Chang	Addition
NAME	BAKER, CLAIRE BROWN		3.2 N/	ME			
STREET ADDRESS	1543 PALMETTO LANE		3.3 \$1	REET ADDRESS			
CiTY-ST-ZIP	SARASOTA FL		3.4. C	ITY-ST-ZIP			
TITLE	D	DELETE	4.1 TE	LE		☐ Chang	Addition
NAME	Brown, Lisa Kay		4. 2 N	AME			· ·
STREET ADDRESS	1543 PALMETTO LANE		4.3 \$1	REET ADORESS			Į.
CITY-ST-ZIP	SARASOTA FL		4.4 CI	TY-ST-ZIP	<u> </u>		
TITLE	D	DELETE	5.1 Tr	'LE		☐ Chang	Addition
NAME	REMAK, CAROL BROWN		5.2 N	ME			
STREET ADDRESS	1543 PALMETTO LANE		5.3 ST	REET ADDRESS			
CITY - ST - ZIP	SARASOTA FL	· · · · · · · · · · · · · · · · · · ·	5.4 CI	TY-ST-ZIP			
TITLE	D	☐ DELETE	6.1 TI	TLE		Chang	Addition
NAME	BROWN, DANIEL C.		6.2 N	ME			
STREET ADDRESS	1543 PALMETTO LANE		6.3 S	REET ADDRESS			
CITY-ST-ZIP	SARASOTA FL		6.40	TY-ST-ZIP			

14. I do 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 angular 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 of 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 an appearance of the corporation of the cor

SIGNATURE:

GNATURE AND TWED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/37

941-345-1169