## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # N30971**

1. Corporation Name

THE BILL C. AND PATRICIA P. BROWN CHARITABLE FOU NDATION, INC.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

22

Mailing Address

1543 PALMETTO LANE SARASOTA FL 34236

1543 PALMETTO LANE SARASOTA FL 34236

2a. Mailing Address

Suite, Apt. #, etc.

26

27

## **FILED** Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90010 014 \*\*\*\*61.25

( <b>)                                   </b>		
		<u>                                     </u>

3. Date Incorporated or Qualifed

03/03/1989

30-6326564

4. FEI Number

City & Stat	e	City & State				5. Certificate of Status Desired		\$8.75 A	dditional	
		28				5. Certificate of Status Desired		Fee Re	quired	
Zip	Country	Zip	Cou	ntry		6. Election Campaign Financing		\$5.00	May Be	
	25	29	30			Trust Fund Contribution		Added to	o Fees	
	9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
			ł	81	Name					
SEITL, WA	YNE F.	82	Street Addr	ess (P.O. Box Number is Not Accepta	ble)	<del></del>				
3572 FERNDELL SARASOTA FL 34235										
#				84	City			85 Zip C	Code	
				~	Ony		FŁ	.   55   57		
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statute	es, the al	ove-	named corp	oration submits this statement for the	purpose of	changing its	registered	
agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was all itions of, Section 617.0503, Flor	utnonzed rida Statu	by tr ites.	ie corporatio	on's board of directors. I hereby accep	t the appoi	nument as reţ	Jistereu	
SIGNATURE										
	Signature, typed or printed name of registered age			Agent s	signature required	when reinstating)	DATE			
12		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	ICERS AN			
TITLE	PD	☐ DELETE	1.1 717	LE.				Change	Addition	
NAME	BROWN, BILL C.		1.2 NA	ME						
STREET ADDRESS	1543 PALMETTO LANE		1.3 STI	REETA	DDRESS					
CITY-ST-ZIP	SARASOTA FL		_	Y-ST-	ZIP					
TITLE	STD	☐ DELETE	2.1 TIT	LE				☐ Change	☐ Addition	
NAME	BROWN, PATRICIA P.		2.2 NA	MĒ						
STREET ADDRESS	1543 PALMETTO LANE		2.3 STI	REETA	DORESS	•				
CITY-ST-ZIP	SARASOTA FL		2. 4 CITY+ST-ZIP		ZIP		· ·			
TITLE	D DELETE		3.1 TIT	3.1 TITLE				Change	☐ Addition	
NAME	BAKER, CLAIRE BROWN		3.2 NA	ME						
STREET ADDRESS	1543 PALMETTO LANE		3.3 STI	REETA	DORESS					
CITY-ST-ZIP	SARASOTA FL			TY-ST-	ZIP	<u> </u>				
TITLE	D	☐ DELETE	4.1 171		ļ			Change	☐ Addition	
NAME	BROWN, LISA KAY		4. 2 NA	ME	ĺ					
STREET ADDRESS	1543 PALMETTO LANE		4.3 ST	REET A	DORESS					
CITY-ST-ZIP	SARASOTA FL		_	Y-ST-	ZIP					
TITLE	D	☐ DELETE	5.1 TIT					Change	Addition	
NAME	REMAK, CAROL BROWN		5.2 NA	-						
STREET ADDRESS	1543 PALMETTO LANE				DORESS					
CITY-ST-ZIP	SARASOTA FL	[*] DEL ===		Y-\$1-	ZIP		<del></del>			
TITLE	D	☐ DELETE	6.1 T/T					Change	☐ Addition	
NAME	BROWN, DANIEL C.		6.2 NAI						İ	
STREET ADDRESS	1543 PALMETTO LANE				DDRESS					
CITY-ST-ZIP	SARASOTA FL		6.4 CIT			ection 119 07(3)(i) Florida Statutes I				

indicated on this annual report or supplied with rins ming does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informationicated on this annual report or supplemental annual 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 expecte this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)

Applied For

Not Applicable