

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 01, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N30971**

1. Entity Name  
**THE BILL C. AND PATRICIA P. BROWN CHARITABLE  
FOUNDATION, INC.**



Principal Place of Business  
**1543 PALMETTO LANE  
SARASOTA, FL 34236**

Mailing Address  
**1543 PALMETTO LANE  
SARASOTA, FL 34236**



07092004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>30-6326564</b>	Applied For Not Applicable
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**\$8.75** Required

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

**SEITL, WAYNE F.  
3572 FERNDLELL  
SARASOTA, FL 34235**

**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 September 8, 2004**

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	PD BROWN, BILL C. 1543 PALMETTO LANE SARASOTA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD BROWN, PATRICIA P. 1543 PALMETTO LANE SARASOTA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BAKER, CLAIRE BROWN 1543 PALMETTO LANE SARASOTA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BROWN, LISA KAY 1543 PALMETTO LANE SARASOTA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D REMAK, CAROL BROWN 1543 PALMETTO LANE SARASOTA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BROWN, DANIEL C. 1543 PALMETTO LANE SARASOTA, FL

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09/01/04-80005-019 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/12/04

941-365-1169