

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

**FILED**  
**Feb 08, 2007 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

**300 S STATE RD 446  
BLOOMINGTON, IN 47401**

**DO NOT WRITE IN THIS SPACE**



01242007 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
**65-0193746**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SEITL, WAYNE F.  
3665 BEE RIDGE RD  
SUITE 300  
SARASOTA, FL 34233**

**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 PD  
NAME BROWN, BILL C.  
STREET ADDRESS 1543 PALMETTO LANE  
CITY- ST- ZIP SARASOTA, FL

TITLE STD  
NAME BROWN, PATRICIA P.  
STREET ADDRESS 1543 PALMETTO LANE  
CITY- ST- ZIP SARASOTA, FL

TITLE D  
NAME BAKER, CLAIRE BROWN  
STREET ADDRESS 1543 PALMETTO LANE  
CITY- ST- ZIP SARASOTA, FL

TITLE D  
NAME GONZALEZ, LISA KAY  
STREET ADDRESS 1543 PALMETTO LANE  
CITY- ST- ZIP SARASOTA, FL

TITLE D  
NAME REMAK, CAROL BROWN  
STREET ADDRESS 1543 PALMETTO LANE  
CITY- ST- ZIP SARASOTA, FL

TITLE D  
NAME BROWN, DANIEL C.  
STREET ADDRESS 1543 PALMETTO LANE  
CITY- ST- ZIP SARASOTA, FL

U000000628781  
02/16/07-80031-008 61.25

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/07

(812) 333-7986

Date

Daytime Phone #