

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

**FILED**  
**Jan 17, 2008 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



01042008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

000000787200  
01/17/08-80073-005 61.25

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

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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 employed 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

1/11/08

Date

(812) 333-7986

Daytime Phone #