

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 20, 2009
Secretary of State**

DOCUMENT# N92000000508

Entity Name: THE ERIC BROWN FOUNDATION, INC.

Current Principal Place of Business:

609 ISLAND DRIVE
PALM BEACH, FL 33480

New Principal Place of Business:

Current Mailing Address:

P O BOX 2692
PALM BEACH, FL 33480

New Mailing Address:

FEI Number: 65-0373213 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, PETER D
609 ISLAND DR
PALM BEACH, FL 334802692 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BROWN, PETER D
Address: P O BOX 2692 N/A
City-St-Zip: PALM BEACH, FL

Title: D () Delete
Name: BROWN, NANCY I
Address: P O BOX 2692 N/A
City-St-Zip: PALM BEACH, FL

Title: D () Delete
Name: EISENBERG, MELISSA
Address: 201 E. 87TH STREET, 9K
City-St-Zip: NEW YORK, NY 10128

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY I. BROWN

D

03/20/2009

Electronic Signature of Signing Officer or Director

_____ Date