

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004234

FILED
Feb 05, 2008
Secretary of State

Entity Name: THE B.R. CHAMBERLAIN FOUNDATION FOR PUBLIC ENRICHMENT, INC.

Current Principal Place of Business:

2731 S MAGUIRE RD
OCOE, FL 34761

New Principal Place of Business:

2845 MARQUESAS COURT
WINDERMERE, FL 34786

Current Mailing Address:

2731 S MAGUIRE RD
OCOE, FL 34761

New Mailing Address:

2845 MARQUESAS COURT
WINDERMERE, FL 34786

FEI Number: 59-3263469

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUNEGAN, STEPHEN D
800 NORTH MAGNOLIA AVE
SUITE 1500
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

CHAMBERLAIN, PETER L
2845 MARQUESAS COURT
WINDERMERE, FL 34786 US

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: PETER L. CHAMBERLAIN

02/05/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DENT, TRACY
Address: 3000 S JOHN YOUNG PARKWAY
City-St-Zip: ORLANDO, FL 32805

Title: D () Delete
Name: DUNEGAN, STEVEN D
Address: 800 N MAGNOLIA AVE STE 1500
City-St-Zip: ORLANDO, FL 32802

Title: D () Delete
Name: CHAMBERLAIN, PETER L
Address: 2731 S MAGUIRE ROAD
City-St-Zip: OCOEE, FL 34761

Title: D () Delete
Name: HAIR, ALAN
Address: 4689 GATLIN OAKS LANE
City-St-Zip: ORLANDO, FL 32806

Title: D () Delete
Name: PHILLIPS, JAMES
Address: 1476 KELSO BLVD.
City-St-Zip: WINDERMERE, FL

Title: D () Delete
Name: GAMBLE, ED
Address: 4 EDENTON CT.
City-St-Zip: OCOEE, FL 34761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: FOUCHE, ED
Address: 6234 BLAKEFORD DRIVE
City-St-Zip: WINDERMERE, FL 34786

Title: D (X) Change () Addition
Name: KINCHEN, THOMAS
Address: 5400 COLLEGE DRIVE
City-St-Zip: GRACEVILLE, FL 32440

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

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: PETER L. CHAMBERLAIN

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02/05/2008

Electronic Signature of Signing Officer or Director

Date