2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2009
Secretary of State

DOCUMENT# N94000004234

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

Current Principal Place of Business:

2845 MARQUESAS COURT
WINDERMERE, FL 34786

New Principal Place of Business:

Current Mailing Address:

2845 MARQUESAS COURT
WINDERMERE, FL 34786

New Mailing Address:

FEI Number: 59-3263469 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHAMBERLAIN, PETER L
2845 MARQUESAS COURT
WINDERMERE, FL 34786 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:	FOUCHE, ED	
Address:	6234 BLAKEFORD DRIVE	
City-St-Zip:	WINDERMERE, FL 34786	
Title:	D	( ) Delete
Name:	KINCHEN, THOMAS	
Address:	5400 COLLEGE DRIVE	
City-St-Zip:	GRACEVILLE, FL 32440	
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:	( ) 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:	
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 DIR 01/27/2009

Electronic Signature of Signing Officer or Director — Date