FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR 23 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000006256 (1)**

1. Corporation Name

THE WILLIAM J. AND JANICE D. BROWN FOUNDATION, I NC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
961 JASMINE DR DELRAY BEACH FL 33483 3348	961 JASMINE DR DELRAY BEACH FL 33483 3348

3. Date Incorporated or Qualified: 12/20/1994
3a. Date of Last Report:
4. FEI Number: [X] Applied For [ ] Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip: 24 33483-4705 Country: 25 Palm Beach	Zip: 29 33483-4705 Country: 30 Palm Beach

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status [ ] **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Re

BROWN, JANICE D
961 JASMINE DR
DELRAY BEACH FL 33483

Janice D. Brown
961 Jasmine Drive
Delray Beach FL 33483-4705

10. Name and Address of New Registered Agent

Address (P.O. Box Number is Not Acceptable)

83

84 City: Delray Beach, FL **FL** 85 Zip Code: 33483-4705

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	[X] Change [ ] Addition
NAME	BROWN, JANICE D	1.2 NAME	
STREET ADDRESS	961 JASMINE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33483	1.4 CITY-ST-ZIP	Delray Beach, FL. 33483-4705
TITLE	VD	2.1 TITLE	[ ] Change [ ] Addition
NAME	RUSSO, JOAN	2.2 NAME	
STREET ADDRESS	1159 E TROPICAL WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33317	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	[X] Change [ ] Addition
NAME	POLOZIE, STEPHEN	3.2 NAME	
STREET ADDRESS	961 JASMINE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33483	3.4 CITY-ST-ZIP	Delray Beach, FL. 33483-4705
TITLE	STD	4.1 TITLE	[ ] Change [ ] Addition
NAME	EHRBAR, THOMAS R II	4.2 NAME	
STREET ADDRESS	490 E PALMETTO PARK RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33432	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	[ ] Change [ ] Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	[ ] Change [ ] Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Janice D. Brown 3-17-95 (407) 272-9296
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JANICE D. BROWN

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