FILE NOW: FILING FEE IS \$61.25

NONPROFIT **iCORPORATION** ANNUAL REPORT

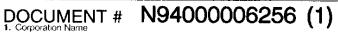


FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

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1996



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

Principal Place of Business Mailing Address						. saaniral min talei difit aniil 85til 85til	#141 ## 411 ## 11 2 # 111	IO 15001 01110 0111 1061	
961 JASMINE DELRAY BEA US	DR CH FL 33483-4705		961 JASMINE DR DELRAY BEACH FL 33483-4706 US						
		03				3. Date Incorporated or Qualified 12/20/1994		Last Report 23/1995	
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number		Applied For	
21		26				APPENSION 65-8	5564781	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	—			5. Certificate of Status Desired		75	
City & State		City & State	City & State					Fee Required	
23		28				Election Campaign Financing Trust Fund Contribution		5.00 May Be	
Zιρ	Country		Zip Country					Added to Fees	
24	25	29	30	,		This corporation has liability for in Florida Statutes	tarigibie tax und Yes 🔀 No	der s. 199.032,	
-	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Re		t	
				81	Name				
BROWN		ŀ	82	Street Addir	ess (P.O. Box Number is Not Acceptable	1			
	MINE DR						,		
DELRAY	BEACH FL 33483			83					
			-	84	City		FL 85	Zip Code	
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes	the abo	L ve∙n	amed corpor	ation submits this statement for the purp		its registered office	
or redister	red agent, or both, in the State of Floric th, and accept the obligations of, Secti	ia Such change was authorized	d by the c	orpo	oration's boar	ation submits this statement for the purple of directors. Thereby accept the appoin	ntment as regis	tered agent. I am	
	SANICE D. BROWN, P.		0.	R	a NLATA	R 2022		2 1996	
	Signature, typed or printed name of registered agent :	and title if applicable (NOTE	: Registered	Agent	t signature require:	1 when reinstating)	DATE C	4 10	
12.	OFFICERS AND DIRECTORS PD		13.	1 1 TIFLE		ADDITIONS/CHANGES TO OFFIC			
TITLE	BROWN, JANICE D						Ch:	ange	
NAME CERSON ADDRESS	961 JASMINE DR		1 2 NA						
STREET ADDRESS	DELRAY BEACH FL			1.3 STREET ADDRESS					
CITY-ST-ZIP TITLE	VD DELETE		1.4 CHY-ST-ZIP 2.1 TIFLE		- ZIP		Псы	non Tadallian	
NAME	RUSSO, JOAN	Пресси	2 2 NAME				Ch:	ange 🗌 Addition	
STREET ADDRESS	1159 E TROPICAL WAY		1		ADDRESS				
City-St-Zip	PLANTATION FL 33317		2 4 CITY-ST-ZIP						
TITLE	VD	DELETE	3 1 T(TLE		1-211		Cha	inge Addition	
NAME	Polozie, Stephen	_	3 2 NA	ME					
STREET ADDRESS	961 JASMINE DR		33 STI	REETA	ADDRESS				
C(TY+ST-ZIP	DELRAY BEACH FL		34 CI	3.4 CHTY - ST - ZIP					
TITLE	STD			4.1 TITLE			☐ Chá	inge 🔲 Addition	
NAME	EHRBAR, THOMAS R II		4 2 NA	ME					
STREET ADDRESS	490 E PALMETTO PARK RD		4 3 STREET		ADDRESS				
CITY - ST - ZIP	BOCA RATON FL 33432		4 4 CITY - S		- ZIP				
TITLE		DELETE	5 1 TITLE				Cha	inge 🔲 Addition	
NAME			5 2 NA						
STREET ADDRESS					ADDRESS				
CITY - ST - ZIP		DIDELETE	5 4 CIT		-ZIP		F-10		
TITLE		DELETE	61 717				Cha	nge 🔲 Addition	
NAME STREET ADDRESS			6 2 NA		unnassas				
STREET ADDRESS					ADDRESS				
CITY-ST-ZiP			6 4 CII	<u> </u>	- 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)(k), 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:

Danica D. Drouth, Ross,
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(407)272-9296

Daytime Prione #