

FILE NOW: FILING FEE IS \$61.25

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Apr 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000001375 (3)**

1. Corporation Name

THE CLAUDE NOLAN BROWN FOUNDATION, INC.



Principal Place of Business

Mailing Address

P.O. BOX 22
ORTEGA STATION
JACKSONVILLE FL 32210

P.O. BOX 22
ORTEGA STATION
JACKSONVILLE FL 32210-0022

3. Date Incorporated or Qualified **03/21/1995** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-3318527		Applied For	
21		26				Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		28		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28		29		30	
Zip	Country	Zip	Country				
24	25	29	30				

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANDERSON, KENNETH G
1301 RIVERPLACE BLVD.
SUITE 2540
JACKSONVILLE FL 32207

81 Name	Anderson, Kenneth G.		
82 Street Address (P.O. Box Number is Not Acceptable)	1301 Riverplace Blvd.		
83	Suite 2640		
84 City	Jacksonville,	85 FL	86 Zip Code 32207

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROWN, LILA B			1.2 NAME			
STREET ADDRESS	P.O. BOX 22, ORTEGA STATION N/A			1.3 STREET ADDRESS			
CITY - ST - ZIP	JACKSONVILLE FL 32210			1.4 CITY - ST - ZIP			
TITLE	DVT	<input type="checkbox"/> DELETE		2.1 TITLE	D/V/T/AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROWN, BARRET			2.2 NAME			
STREET ADDRESS	P.O. BOX 22, ORTEGA STATION N/A			2.3 STREET ADDRESS			
CITY - ST - ZIP	JACKSONVILLE FL 32210			2.4 CITY - ST - ZIP			
TITLE	DS	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HELMICK, CLAUDETTE N			3.2 NAME			
STREET ADDRESS	P.O. BOX 1514 N/A			3.3 STREET ADDRESS			
CITY - ST - ZIP	PONTE VEDRA BEACH FL 32004			3.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY - ST - ZIP				4.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 or on an attachment with an address.

SIGNATURE: *Lila B Brown* **LILA B BROWN** 4/14/97 904-389-2340
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0006263

CR2E037 (9/96)