

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90019 044 ****61.25

DOCUMENT # N95000001375



1. Entity Name

THE CLAUDE NOLAN BROWN FOUNDATION, INC.

Principal Place of Business

P.O. BOX 22
ORTEGA STATION
JACKSONVILLE FL 32210

Mailing Address

P.O. BOX 22
ORTEGA STATION
JACKSONVILLE FL 32210



2. Principal Place of Business

1514-2 Nira Street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/05)

City & State

Jacksonville, FL

City & State

4. FEI Number

59-3318527

Applied For

Not Applicable

Zip

32207

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, KENNETH G
1301 RIVERPLACE BLVD.
SUITE 2640
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete
NAME BROWN, LILA B
STREET ADDRESS 4250 LAKESIDE DRIVE, SUITE 208
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE DVTS ☐ Delete
NAME BROWN, BARRET
STREET ADDRESS 4250 LAKESIDE DRIVE, SUITE 208
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE DS ☐ Delete
NAME HELMICK, CLAUDETTE N
STREET ADDRESS 4250 LAKESIDE DRIVE, SUITE 208
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1514-2 Nira Street
CITY-ST-ZIP Jacksonville, FL 32207

TITLE ☒ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lila Brown

Lila Brown
Barrett Brown

3/28/06

904/346-0107