2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# N95000001375

Entity Name: THE CLAUDE NOLAN BROWN FOUNDATION, INC.

Current Principal Place of Business:

1514-2 NIRA STREET
JACKSONVILLE, FL 32207

New Principal Place of Business:

2358 RIVERSIDE AVE.
#704
JACKSONVILLE, FL 32204 US

Current Mailing Address:

1514-2 NIRA STREET
JACKSONVILLE, FL 32207

New Mailing Address:

2358 RIVERSIDE AVE.
#704
JACKSONVILLE, FL 32204 US

FEI Number: 59-3318527 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

ANDERSON, KENNETH G
3030 HARTLEY RD., CONCORDE 1
SUITE 250
JACKSONVILLE, FL 32257 US

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: 01/06/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: BROWN, LILA B
Address: 1514-2 NIRA ST
City-St-Zip: JACKSONVILLE, FL 32207

Title: DVTS ( ) Delete
Name: BROWN, BARRET
Address: 1514-2 NIRA ST
City-St-Zip: JACKSONVILLE, FL 32207

Title: DS ( ) Delete
Name: HELMICK, CLAUDETTE N
Address: 1514-2 NIRA ST
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: BROWN, LILA B PRES.
Address: 2358 RIVERSIDE AVE. #704
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: DVTS (X) Change ( ) Addition
Name: BROWN, BARRET EX. VP
Address: 2358 RIVERSIDE AVE. #704
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: DS (X) Change ( ) Addition
Name: HELMICK, CLAUDETTE N
Address: 2358 RIVERSIDE AVE. #704
City-St-Zip: JACKSONVILLE, FL 32204 US

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: LILA BYRD BROWN PRES 01/06/2009
Electronic Signature of Signing Officer or Director — Date