

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004238

FILED
May 20, 2006
Secretary of State

Entity Name: ALBERT LEROY BROWN FOUNDATION, INC.

Current Principal Place of Business:

03863 PICCIOLA ROAD
FRUITLAND PARK, FL 34731

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 491227
LEESBURG, FL 347491227

New Mailing Address:

FEI Number: 59-3332046 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HAMILTON, CHRISTYNE B
2131 WOODKIND BLVD
PO BOX 1227
LEESBURG, FL 347491227 US

Name and Address of New Registered Agent:

HAMILTON, CHRISTYNE B
2131 WOODLAND BLVD
PO BOX 1227
LEESBURG, FL 347491227 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: _____

05/20/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BROWN, JR, ALBERT L
Address: 2413 W. GRIFFIN ROAD
City-St-Zip: LEESBURG, FL 34748

Title: D () Delete
Name: HAMILTON, CHRISTYNE B
Address: P.O. BOX 67, N/A
City-St-Zip: OKAHUMPKA, FL 34762

Title: D () Delete
Name: BROWN, JANA M
Address: 2131 WOODLAND BLVD.
City-St-Zip: LEESBURG, FL 34748

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BROWN, JR, ALBERT L
Address: 2105 WAITMAN AVENUE
City-St-Zip: LEESBURG, FL 34748

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: CHRISTYNE B. HAMILTON

D

05/20/2006

Electronic Signature of Signing Officer or Director

Date