


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90083 013 ****61.25

0043745

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000001006					
1. Corporation Name THE BROWN FOUNDATION, INC.					
Principal Place of Business 1200 NO. FEDERAL HIGHWAY STE 411 BOCA RATON FL 33432			Mailing Address 1200 NO. FEDERAL HIGHWAY STE 411 BOCA RATON FL 33432		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 02/23/1996 4. FEI Number 65-0685900 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent RAYMOND, JOHN J JR. 1200 NO. FEDERAL HIGHWAY STE 411 BOCA RATON FL 33432			10. Name and Address of New Registered Agent 81 Name Philip H. Forbes 82 Street Address (P.O. Box Number is Not Acceptable) 1200 North Federal Highway 83 Suite 411 84 City Boca Raton FL 85 Zip Code 33432		
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 <i>John J. Raymond</i> (NOTE: Registered Agent signature required when reinstating) DATE 1/10/99					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE NAME PD BROWN, PAUL A MD STREET ADDRESS 1744 SOUTH OCEAN CITY-ST-ZIP PALM BEACH FL 33480			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME VD BROWN, CYNTHIA R STREET ADDRESS 1744 SOUTH OCEAN CITY-ST-ZIP PALM BEACH FL			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME SD BROWN RICHARD A STREET ADDRESS RIGISTER 28 CITY-ST-ZIP CH 8006 ZURICH SW			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME TD BROWN, MARK S MD STREET ADDRESS 400 NORTH MCCLURG ST 1100 SAVANAH DRIVE CITY-ST-ZIP CHICAGO IL 60611 MOBILE, AL 36609			4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME BROWN MARK S MD 4.3 STREET ADDRESS 1100 SAVANAH DRIVE 4.4 CITY-ST-ZIP MOBILE ALABAMA 36609		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

14. I 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 13, 99 (561) 478-8770
Date Daytime Phone #

CR2E037 (11/98)