

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90164 040 ****66.25

DOCUMENT # N96000001006

1. Entity Name
THE BROWN FOUNDATION, INC.



Principal Place of Business
**1200 NO. FEDERAL HIGHWAY
STE 420
BOCA RATON, FL 33432**

Mailing Address
**1200 NO. FEDERAL HIGHWAY
STE 420
BOCA RATON, FL 33432**

14003261



DO NOT WRITE IN THIS SPACE

04152005 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0685900

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**RAYMOND, JOHN J JR
BUTXEL LONG 1200 N. FEDERAL HWY
SUITE 420
BOCA RATON, FL 33432**

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IN THIS SPACE**

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)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution.

☒ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
BROWN, PAUL A MD
223 GRAND POINTE DR
PALM BEACH GARDENS, FL 33418**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
BROWN, CYNTHIA R
223 GRAND POINTE DR
PALM BEACH GARDENS, FL 33418**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
BROWN RICHARD A
RIGISTER 28
CH 8006 ZURICH, SW**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
BROWN, MARK S MD
1100 SAVANAH DR.
MOBILE, AL 36609**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. 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 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:

Paul A. Brown MD President April 22, 2005 561 478

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone **8770**

ext 123