

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90111 046 ****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**

40015455



02052007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☒

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

TITLE TD
NAME BROWN, MARK S MD
STREET ADDRESS 1100 SAVANAH DR.
CITY-ST-ZIP 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 exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Paul A. Brown M.D. Feb 12, 07 (561) 626-1744