

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001006

FILED
Jan 17, 2009
Secretary of State

Entity Name: THE BROWN FOUNDATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0685900

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BROWN, PAUL A MD
Address: 223 GRAND POINTE DR
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: VD () Delete
Name: BROWN, CYNTHIA R
Address: 223 GRAND POINTE DR
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: SD () Delete
Name: BROWN RICHARD A,
Address: RIGISTER 28
City-St-Zip: CH 8006 ZURICH, SW

Title: TD () Delete
Name: BROWN, MARK S MD
Address: 1100 SAVANAH DR.
City-St-Zip: MOBILE, AL 36609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: PAUL A BROWN,MD

PRES

01/17/2009

Electronic Signature of Signing Officer or Director

Date