FILED Apr 27, 1999 8:00 am Secretary of State

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FILE NOW: FILING FEE IS \$61.25 NONPROFIT FLORIDA DEPARTMENT OF STATE

CORPORATION ANNUAL REPORT 1999



DIVISION OF CORPORATIONS

Kathorine Harris

Secretary of State

DOCUMENT # N9700000294 1. Corporation Name

NATASHA S. BROWNE FOUNDATION, INC.

Principal Place of Business

Mailing Address

555 NORTHWEST 121 STREET NORTH MIAMI FL 33168

555 NORTHWEST 121 STREET NORTH MIAMI FL 33168



 										
2. Principal Place of Business Za. Mailing Address						Date Incorporated or Qualified		·		
21	Principal Mace of Business 26					01/21/1997				
Suite, Apt. #, etc. Suite, Apt. #, etc.						4. FEI Number		Api	lied For	
22 27						65 -0720595			Applicable	
City & State City & State						5. Certificate of Status Desired		\$8.75 A		
23	28					or Continues of Change Desired		Fee Re	uired	
Zip	Country	Zip	Cou	ntry		6. Election Campaign Financing		\$5.00		
24	9. Name and Address of Current Registered Agent					Trust Fund Contribution 10. Name and Address of New Re	aletor d	Added to	Fees	
	- Name and Address of Current	Registered Agent		81	Name	10. Name and Address of New Re	gisterro	Agent		
AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134										
				82 Street Address (P.O. Box Number is Not Acceptable) 83						
								84	City	
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 cirectors. I hereby accept the appointment as registered agent. am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.										
SIGNATURE Signature, typed or printed har te of registered agent and title if applicable. (NOTI:: Registered Agent signature required when reinstating) DATE DATE										
12.	Signature, typed or printed nar ie of registered agent and title if applicable. (NOTI:: R OFFICERS AND DIRECTORS			gistered Agent signature require		ADDITIC NS/CHANGES TO OFFI	DATE CERS A	ND DIRECTO	S IN 12	
TITLE	PSTD SPRICERS AND	DELETE	1.1 11	LE.				Change	Addition	
NAME	BROWNE, WINIFRED D		1.2 NA					- •	_	
STREET ADORESS		•			ADDRESS				}	
CITY-ST-ZIP	NORTH MIAMI FL 33168		1.4 CITY-		- 1]	
TITLE	VD	☐ DELETE	2.1 ΤΠ					☐ Change	Addition	
NAME	FARRELLY, STANLEY		2.2 NA	ME	į				- (
STREET ADDRES S	555 NORTHWEST 121 STREET			REET.	ADDRESS					
C/TY-ST-ZIP	NORTH MIAMI FL 33168		2.4 CI	TY-ST	r-ZIP					
TITLE	VD	☐ DELETE	3.1 TIT	LE				Change	☐ Addition	
NAME	FARRELLY, NANYAMKA		32 NA	3.2 NAME						
STREET ADDRESS	555 NORTHWEST 121 STREET		3.3 ST	3.3 STREET ADDRESS						
CITY-ST-ZIP	NORTH MIAMI FL 33168	·	3.4 CITY		-ZIP				~	
TITLE		☐ DELETE	4.1 TiT	-				Change	☐ Addition	
NAME			4. 2 N/							
STREET ADDRESS			1		ADDRESS					
C/TY-ST-ZIP		☐ DELETE	4.4 CT		- ZIP	· 		☐ Change	Addition	
TITLE		□ NETE16	5.1 TIT 5.2 NA							
NAME			1		ADDRESS					
STREET ADDRESS			5.4 C/I							
CITY-ST-ZIP		□ DELETE	6.1 TIT					Change	Addition	
NAME			6.2 NA	ME.	1			_ ,	-	
STREET ADDRESS			6.3 ST	REET	ADDRESS				ļ	
CITY-ST-ZIP			6.4 CIT	TY-ST	- ZIP				1	

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 are an officer or director of the corporation or the receiver or trustee ampowered to execute this report as required by Chapter 317, 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: