


FILE NOW: FILING FEE IS \$61.25

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

04-27-1999 90131 041 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N97000000294</b>					
1. Corporation Name <b>NATASHA S. BROWNE FOUNDATION, INC.</b>					
Principal Place of Business <b>555 NORTHWEST 121 STREET NORTH MIAMI FL 33168</b>			Mailing Address <b>555 NORTHWEST 121 STREET NORTH MIAMI FL 33168</b>		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>01/21/1997</b> 4. FEI Number <b>65-0720595</b> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	<b>PSTD</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>BROWNE, WINIFRED D</b>		1.2 NAME		
STREET ADDRESS	<b>555 NORTHWEST 121 STREET</b>		1.3 STREET ADDRESS		
CITY-ST-ZIP	<b>NORTH MIAMI FL 33168</b>		1.4 CITY-ST-ZIP		
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>FARRELLY, STANLEY</b>		2.2 NAME		
STREET ADDRESS	<b>555 NORTHWEST 121 STREET</b>		2.3 STREET ADDRESS		
CITY-ST-ZIP	<b>NORTH MIAMI FL 33168</b>		2.4 CITY-ST-ZIP		
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>FARRELLY, NANYAMKA</b>		3.2 NAME		
STREET ADDRESS	<b>555 NORTHWEST 121 STREET</b>		3.3 STREET ADDRESS		
CITY-ST-ZIP	<b>NORTH MIAMI FL 33168</b>		3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

CR2E037 (1/98)