
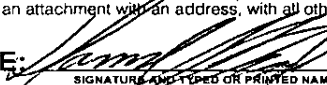


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90113 030 \*\*\*\*61.25

<b>DOCUMENT # N98000002311</b> 1. Entity Name <b>THE HARRIET AND RAYMOND BRUSH CHARITABLE FOUNDATION, INC.</b>					
Principal Place of Business <b>240 S. PINEAPPLE AVENUE 10TH FLOOR SARASOTA, FL 34236</b>			Mailing Address <b>P.O. BOX 49948 SARASOTA, FL 34230</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0835440</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>BAND, DAVID S 240 S. PINEAPPLE AVENUE 10TH FLOOR SARASOTA, FL 34236</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DPT <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAND, DAVID S		NAME		
STREET ADDRESS	240 S. PINEAPPLE AVENUE, 10TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34236		CITY-ST-ZIP		
TITLE	DV <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARR, KATHRYN ANGELL		NAME		
STREET ADDRESS	240 S. PINEAPPLE AVENUE, 10TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34236		CITY-ST-ZIP		
TITLE	DVS <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HANAN, BENJAMIN R		NAME		
STREET ADDRESS	240 S. PINEAPPLE AVENUE		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34236		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> 			<b>David S. Band, Director</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>2/8/06</b> Daytime Phone #		

# ABEL | BAND®

ATTORNEYS AND COUNSELORS AT LAW

Mailing Address: P.O. Box 49948, Sarasota, FL 34230-6948

240 South Pineapple Avenue  
Sarasota, FL 34236  
TEL 941-366-6660  
FAX 941-366-3999

WWW.ABELBAND.COM

ATTACHMENT

40023836

#N19800002311

Jack M. Maag, Paralegal

Writer's Direct Line: (941) 364-2728

Direct E-mail: jmaag@abelband.com

Please refer to our file number: 80000-59

February 28, 2006

**BY CERTIFIED MAIL/7002 2030 0001 2370 7697**

Division of Corporations  
2670 Executive Center Circle  
Suite 100  
Tallahassee, FL 32301

Re: **2006 Annual Reports**

To Whom It May Concern:

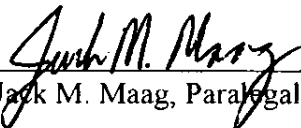
Enclosed herewith please find 2006 Annual Reports and checks for the following Not-For-Profit Corporations:

The Harriet and Raymond Brush Charitable Foundation, Inc.  
The Robert B. & Marcia M. Costello Family Foundation, Inc.  
The Ann Payne Edson Family Foundation, Inc.  
The Betty and Marie Healy Family Foundation, Inc.  
The Harold L. and Marcy N. Libby Foundation, Inc.  
The Rubin Charitable Foundation, Inc.  
The Tillie, Jennie and Harold Schwartz Foundation, Inc.  
The Tarr Charitable Family Foundation, Inc.

Please file these upon receipt and contact me directly with any problems or questions.  
Thank you for your assistance.

Very truly yours,

ABEL BAND, CHARTERED

  
Jack M. Maag, Paralegal

JMM  
Enclosures

SARASOTA, FLORIDA

VENICE, FLORIDA

TALLAHASSEE, FLORIDA

DENVER, COLORADO

**ABEL BAND, CHARTERED**