

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90021 016 ****61.25

DOCUMENT # N98000002311

1. Entity Name
**THE HARRIET AND RAYMOND BRUSH CHARITABLE
FOUNDATION, INC.**



Principal Place of Business
**240 S. PINEAPPLE AVENUE
10TH FLOOR
SARASOTA, FL 34236**

Mailing Address
**P.O. BOX 49948
SARASOTA, FL 34230**

40035061



02282007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0835440

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BAND, DAVID S
240 S. PINEAPPLE AVENUE
10TH FLOOR
SARASOTA, FL 34236**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reactivating)

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**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DPT
BAND, DAVID S
240 S. PINEAPPLE AVENUE, 10TH FLOOR
SARASOTA, FL 34236** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DV
CARR, KATHRYN ANGELL
240 S PINEAPPLE AVENUE, 10TH FLOOR
SARASOTA, FL 34236** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DVS
HANAN, BENJAMIN R
240 S. PINEAPPLE AVENUE
SARASOTA, FL 34236** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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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

David S. Band, President

2/28/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #