

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

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

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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**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Zip

Country

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**

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 restating)

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
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

SIGNATURE:

David S. Band, President

2/28/07

SIGNATURE AND/Or PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #