



## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 04, 2004 8:00 am Secretary of State

DOCUMENT # N9900003608  1. Entity Name THE BROWN FAMILY FOUNDATION, INC.					03-04-2004 90007 007 ****61.25			
Principal Place of Business 4401 NW 124 AVE -POMPANO BEACH, FL 33065		Mailing Address 4401 NW 124 AVE 866 NE 20 AVE POMPANO BEACH, FL	33065					
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02162004	Chg-NP	CR2E037 (10/03)		
City & Shell	OKAL SPRINGS	City & State	u spain	4. FEI Numbe 65-0960			pplied For lot Applicable	
Zip	Country	Zip	Country	5. Certificate	of Status Desired	☐ \$8.75 Ac Fee Requir		
	6. Name and Address of Current	Registered Agent	Name /	7. Name and	Address of New	Registered Agent	• •	
KAMIN & MYAXMAN, P.A.				GARY BROWN				
4401 NW 124 AVE BOCA RATON, FL 33431			Street Add	Street Address (P.O. Box Number is Not Acceptable)				
			City	oran SA	20,005	FL Zip Cox	3061	
8. The above the obligat	named entity submits this statement for tions of registered agent.	the purpose of changing its	registered office or re	egistered agent, or both	n, in the State of F	lorida. I am familiar with	, and accept	
SIGNATURE	Signature, whed or printed name of registered agent a	and title if englishing (NOTS)	- Conjecture of Asset size of			2-16-0	4	
	organically pad or printed hame or registered agent a	and the inapplicable. [14015	:: negistered Agent signature	required when reinstating)		DATE		
	Filing Fee is \$61.25 Due by May 1, 2004	9. Election Can Trust Fund C	npaign Financing	_ \$5.00 May Be		Make check payable orida Department of S		
10.	Filing Fee is \$61.25 Due by May 1, 2004 OFFICERS AND DIF	9. Election Can Trust Fund C RECTORS	npaign Financing Contribution.	\$5.00 May Be Added to Fees	Flo	Make check payable orida Department of S	N 10	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Filing Fee is \$61.25 Due by May 1, 2004  OFFICERS AND DIF  D  BROWN, GARY N  4401 NW 124 AVE  POMPANO BEACH, FL 33065  D	9. Election Can Trust Fund C RECTORS	npaign Financing Contribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE	\$5.00 May Be Added to Fees	NGES TO OFFIC	Make check payable orida Department of S	N 10	
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a mereby certify that the information supplied with this timing does not quality for the exemption stated in Section 119.07(3)(f), Horida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate end 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 trueted 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 of an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-04 954-323 8

Daytime Phone #