

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22000001232

Entity Name: CHRIS V. BROWN FOUNDATION, INC.**Current Principal Place of Business:**414 RICHMOND DR.
ST. JOHNS, FL 32259**Current Mailing Address:**414 RICHMOND DR.
ST. JOHNS, FL 32259 US**FEI Number: 88-1401445****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**BROWN, CHRIS
414 RICHMOND DR.
ST. JOHNS, FL 32259 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	HOGANS, TAVARUS
Address	3958 BAYMEADOWS RD 4202
City-State-Zip:	JACKSONVILLE FL 32217

Title	S
Name	MJ FRATIANNI
Address	4300 SOUTHBEACH PARKWAY 3218
City-State-Zip:	JACKSONVILLE BEACH FL 32250

Title	D
Name	DAVIS, LES
Address	414 RICHMOND DR.
City-State-Zip:	ST. JOHNS FL 32259

Title	D
Name	BROWN, CHRIS
Address	414 RICHMOND DR.
City-State-Zip:	ST. JOHNS FL 32259

Title	VP
Name	SNELL, BRITTANY
Address	25 CRYSTAL BRANCH COURT
City-State-Zip:	JACKSONVILLE FL 32225

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TAVARUS HOGANS**PRESIDENT****03/20/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date