

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30971

Entity Name: THE BILL C. AND PATRICIA P. BROWN CHARITABLE FOUNDATION, INC.**FILED**
May 05, 2020
Secretary of State
6354523630CC**Current Principal Place of Business:**1543 PALMETTO LANE
SARASOTA, FL 34236**Current Mailing Address:**300 S STATE RD 446
BLOOMINGTON, IN 47401**FEI Number: 65-0193746****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SEITL, WAYNE F.
3665 BEE RIDGE RD
SUITE 300
SARASOTA, FL 34233 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	BROWN, BILL C
Address	1543 PALMETTO LANE
City-State-Zip:	SARASOTA FL 34236

Title	TREASURER, DIRECTOR
Name	BAKER, CLAIRE
Address	12890 OLD MERIDIAN ST
City-State-Zip:	CARMEL IN 46032

Title	DIRECTOR, VP
Name	GONZALEZ, LISA
Address	12547 ROBINBROOK DR
City-State-Zip:	CARMEL IN 46033

Title	DIRECTOR, SECRETARY
Name	REMAK, CAROL
Address	4457 FOREST HILLS DR
City-State-Zip:	BLOOMINGTON IN 47401

Title	DIRECTOR
Name	BROWN, DANIEL C
Address	2665 E RHORER ROAD
City-State-Zip:	BLOOMINGTON IN 47401

Title	TREASURER
Name	CLARK, MELISSA
Address	300 S STATE RD 446
City-State-Zip:	BLOOMINGTON IN 47401

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: BILL C BROWN**PRESIDENT****05/05/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date