

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30971

Entity Name: THE BILL C. AND PATRICIA P. BROWN CHARITABLE FOUNDATION, INC.**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	CHAIRMAN
Name	BROWN, BILL C
Address	1543 PALMETTO LANE
City-State-Zip:	SARASOTA FL 34236

Title	DIRECTOR
Name	BAKER, CLAIRE
Address	9940 HOOSIER VILLAGE DR APT 2111
City-State-Zip:	INDIANAPOLIS IN 46268

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

Title	DIRECTOR, VP
Name	BOWER, MARK
Address	5530 CENTRAL AVE
City-State-Zip:	INDIANAPOLIS IN 46220-3075

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

Title	DIRECTOR
Name	NOCTON, EMILY
Address	13075 ANDOVER DR
City-State-Zip:	CARMEL IN 46033

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: MELISSA CLARK**TREASURER****04/02/2024**

Electronic Signature of Signing Officer/Director Detail

Date