

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000002051

**Entity Name:** THE BRAELEN FOUNDATION, INC.**Current Principal Place of Business:**313 HARTS OAK PLACE  
SEFFNER, FL 33584**Current Mailing Address:**313 HARTS OAK PLACE  
SEFFNER, FL 33584**FEI Number: 82-0802903****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**WILSON, KOKITA DIRTON  
313 HARTS OAK PLACE  
SEFFNER, FL 33584 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	DP
Name	WILSON, KOKITA DIRTON
Address	313 HARTS OAK PLACE
City-State-Zip:	SEFFNER FL 33584

Title	DVP
Name	WILSON, OSCAR
Address	313 HARTS OAK PLACE
City-State-Zip:	SEFFNER FL 33584

Title	D
Name	ELAM, DONNA DR.
Address	11924 W. FOREST HILL BLVD., 10A-192
City-State-Zip:	WELLINGTON FL 33414

Title	SECRETARY
Name	DEMOULIN, CHAI
Address	5740 SAN FELIPE APT 333
City-State-Zip:	HOUSTON TX 77057

*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: KOKITA DIRTON WILSON****PRESIDENT****05/11/2021**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date