


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2007 08:00 AM
Secretary of State

DOCUMENT # N00000003888 1. Entity Name BRADEN RIVER BUSINESS CENTER ASSOCIATION, INC.	
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Principal Place of Business 5215 SR 64 EAST BRADENTON, FL 34208	Mailing Address P.O BOX 449 ELLENTON, FL 34222
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DO NOT WRITE IN THIS SPACE



02132007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-1102006	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BLALOCK LANDERS WALTERS & VOGLER PA
802 11TH STREET WEST
BRADENTON, FL 34205**

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$81.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BROWN, THOMAS B SR 32 TIDY ISLAND BLVD BRADENTON, FL 34210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAMMONLEY, WILLIAM M 7501 BRADENTON ROAD SARASOTA, FL 342433203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST JOHNSON, HORACE M PO BOX 1111 ELON COLLEGE, NC 27244
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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03/09/07-80005-025 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and 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 trustee 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas B. Brown **2/20/07** **941-741-2500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

THOMAS B. BROWN