

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N00000003888**

1. Entity Name  
**BRADEN RIVER BUSINESS CENTER ASSOCIATION, INC.**



Principal Place of Business  
**5215 SR 64 EAST  
BRADENTON, FL 34208**

Mailing Address  
**P.O BOX 449  
ELLENTON, FL 34222**

**DO NOT WRITE IN THIS SPACE**



02112008 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**65-1102006**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$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**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**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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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000897903  
04/25/08-80066-019 61.25

**DO NOT WRITE  
IN THIS SPACE**

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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Thomas B Brown 4-10-08 941-741-2500**

Date

Daytime Phone #