## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N08000003795

Entity Name: THE SLIE BASSETT FOUNDATION INC.

FILED Mar 17, 2009 Secretary of State

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Current P	rincipal Place of Business:	New Principal Place	New Principal Place of Business:	
	ST HIBISCUS BLVD SUITE 138 RNE, FL 32901		1795 WEST NASA BLVD. MELBOURNE, FL 32901	
Current M	lailing Address:	New Mailing Address	New Mailing Address:	
1800 WEST HIBISCUS BLVD SUITE 138 MELBOURNE, FL 32901		1795 WEST NASA BLVD. MELBOURNE, FL 32901		
FEI Number	: FEI Number Applied For ( )	FEI Number Not Applicable (X)	Certificate of Status Desired ( )	
Name and	Address of Current Registered Agent:	Name and Address of	f New Registered Agent:	
SHUMAN, ERIK P ESQ C/O GRAY ROBINSON PA 1800 WEST HIBISCUS BLVD SUITE 138 MELBOURNE, FL 32901 US		C/O GRAY ROBINSON 1795 WEST NASA BLY	SHUMAN, ERIK P ESQ C/O GRAY ROBINSON PA 1795 WEST NASA BLVD. MELBOURNE, FL 32901 US	
	e named entity submits this statement for the e of Florida.	purpose of changing its registered	d office or registered agent, or both,	
SIGNATURE:			03/17/2009	
	Electronic Signature of Registered A	gent	Date	
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PD ( ) Delete BRAY, RONALD 1334 BAYSHORE DRIVE COCOA BEACH, FL 32931	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VD ( ) Delete KUCERA, MATTHEW 8240 DEVEREAUX DRIVE MELBOURNE, FL 32940	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	SD ( ) Delete SHUMAN, ERIK P ESQ 1800 WEST HIBISCUS BLVD SUITE 138 MELBOURNE, FL 32901	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	TD ( ) Delete GARRISON, LAWRENCE F 1155 S ATLANTIC AVE #402 COCOA BEACH, FL 32931	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	D () Delete	Title: Name:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: ERIK P. SHUMAN SD 03/17/2009

246 LANSING ISLAND DRIVE

INDIAN HARBOUR BEACH, FL 32937

Address:

City-St-Zip: