

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000009151

FILED  
Apr 25, 2012  
Secretary of State

**Entity Name:** AUSTIN B. ALLEN ASTHMA FOUNDATION, INC.

**Current Principal Place of Business:**

1409 W LINE ST  
LEESBURG, FL 34749

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 490511  
LEESBURG, FL 34748

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MOBLEY, LINDA B  
1409 W LINE ST  
LEESBURG, FL 34749 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: MOBLEY, LINDA B  
Address: PO BOX 490511  
City-St-Zip: LEESBURG, FL 34748

Title: D  
Name: BENTON, MIRIAM  
Address: 34705 CATTAIL DR.  
City-St-Zip: EUSTIS, FL 32726

Title: D  
Name: BERRY, ASHLEY  
Address: P.O. BOX 490511  
City-St-Zip: LEESBURG, FL 34748

Title: D  
Name: HARDWAY, DEBORAH  
Address: 30602 ORANGE DR.  
City-St-Zip: LEESBURG, FL 34748

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: LINDA B. MOBLEY

CEO

04/25/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date