

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # N97000004632

1. Entity Name

THE GRACESON FOUNDATION, INC.



Principal Place of Business

1580 GRACEWOOD LANE
VERO BEACH, FL 32963

Mailing Address

1580 GRACEWOOD LANE
VERO BEACH, FL 32963



03082004 No Chg-NP

CR2E037 (10/03)

4. FEI Number

65-0787658

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HOPKINS, SUSAN R
1580 GRACEWOOD LANE
VERO BEACH, FL 32963

**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, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000088669
03/15/04-80060-012 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HOPKINS, SUSAN R
STREET ADDRESS	1580 GRACEWOOD LANE
CITY - ST - ZIP	VERO BEACH, FL 32963
TITLE	D
NAME	HOPKINS, CARTER W
STREET ADDRESS	1580 GRACEWOOD LANE
CITY - ST - ZIP	VERO BEACH, FL 32963
TITLE	D
NAME	BASLOW, ADAM M
STREET ADDRESS	1580 GRACEWOOD LANE
CITY - ST - ZIP	VERO BEACH, FL 32963
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Susan R. Hopkins*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/04

(772) 231-7512