

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002318

FILED  
Jan 16, 2005  
Secretary of State

**Entity Name:** THE ALLEN AND CASSIE BRASWELL FOUNDATION, INC.

**Current Principal Place of Business:**

TWO SEASIDE LANE, 102  
BELLEAIR, FL 33756

**New Principal Place of Business:**

4954 S. STETSON POINT DRIVE  
HOMOSASSA, FL 34448

**Current Mailing Address:**

TWO SEASIDE LANE, 102  
BELLEAIR, FL 33756

**New Mailing Address:**

4954 S. STETSON POINT DRIVE  
HOMOSASSA, FL 34448

**FEI Number:** 59-3505793

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GASSMAN, ALAN S ESQ.  
1245 COURT STREET  
SUITE 102  
CLEARWATER, FL 33756 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: D ( ) Delete  
Name: BRASWELL, ALLEN S SR.  
Address: TWO SEASIDE LANE, 102  
City-St-Zip: BELLEAIR, FL 33756

Title: D ( ) Delete  
Name: BRASWELL, CASSIE  
Address: TWO SEASIDE LANE, 102  
City-St-Zip: BELLEAIR, FL 33756

Title: D ( ) Delete  
Name: BRASWELL, BRUCE A  
Address: TWO SEASIDE LANE, 102  
City-St-Zip: BELLEAIR, FL 33756

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: ALLEN S. BRASWELL SR.

D

01/16/2005

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

\_\_\_\_\_  
Date