

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

**FILED  
Apr 21, 2004  
Secretary of State**

DOCUMENT# N01000008218

Entity Name: BRADFORD EDUCATIONAL FUND, INC.

**Current Principal Place of Business:**

1833 HENDRY ST.  
FT. MYERS, FL

**New Principal Place of Business:**

**Current Mailing Address:**

1833 HENDRY ST.  
FT. MYERS, FL

**New Mailing Address:**

FEI Number: 65-1156442      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SNELL, MARY VLASAK ESQ  
1833 HENDRY ST.  
FT. MYERS, FL

**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: VASS, S. REID  
Address: 1245 SPARROW PL.  
City-St-Zip: FOREST, VA 24551

Title: D            ( ) Delete  
Name: ENGLE, JAMES K  
Address: 48 TWIN OAKS DR.  
City-St-Zip: WATERLOO, SC 29384

Title: D            ( ) Delete  
Name: GAERTNER, DONALD E  
Address: 9 SUNRISE POINT LN.  
City-St-Zip: CLOVER, SC 29710

Title: D            ( ) Delete  
Name: HELM, JOHN C  
Address: 14540 OCEAN BLUFF DR.  
City-St-Zip: FT. MYERS, FL 33908

**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:

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: JOHN C. HELM

D

04/21/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date