

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008218

FILED
Jul 23, 2008
Secretary of State

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:

PO BOX 08028
FORT MYERS, FL 33908

FEI Number: 65-1156442 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SNELL, MARY VLASAK ESQ
1833 HENDRY ST.
FT. MYERS, FL 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: 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: 6777 DANAH CT.
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 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.

SIGNATURE: JOHN C. HELM

DR.

07/23/2008

Electronic Signature of Signing Officer or Director

_____ Date