

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR -3 PM 6:03

DOCUMENT # N21093 (2)

1. Corporation Name
BRADFORD HIGH SCHOOL ALUMNI ASSOCIATION, INC.

Principal Place of Business Mailing Address
P O BOX 1094 STARKE FL 32091

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/10/1987** 3a. Date of Last Report **03/11/1994**
4. FEI Number **59-2696184** Applied For Not Applicable
5. Certificate of Status Desired **\$0.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**HOBBS, JOHNNY R., JR.
215 WEST WASHINGTON STREET
STARKE FL 32091**

10. Name and Address of New Registered Agent
81 Name **Phyllis M. Rosier P.A.**
82 Street Address (P.O. Box Number is Not Acceptable) **100 W. Call St.**
83
84 City **Starke, FL** 85 Zip Code **32091**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Phyllis M. Rosier* **Phyllis M. Rosier P.A. Attorney at Law 3/16/95**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY- ST- ZIP
D **MOODY, CHESTE A
6574 BROOKLYN BAY RD
KEYSTONE HTGS FL**
D **ROWE, JOANN
591 S. TEMPLE AVE.
STARKE FL**
D **MCLEOD, WAYNE
581 N TEMPLE AVE
STARKE FL**
VP **HATCHER, HARRY
1100 S. WALNUT ST.
STARKE FL**
PD **SCHMITT, IDA S
514 E. NONA ST.
STARKE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 817, Florida Statutes, and that my name appears in Block 12 or Block 13, changed or on an attachment with an address.

SIGNATURE: *Ida Sue Schmitt* **Ida Sue Schmitt** 3-8-95 904-964-6200
Signature and typed or printed name of signing officer or shareholder Date Telephone