


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2008 08:00 AM**  
**Secretary of State**


**DOCUMENT # N21093**

1. Entity Name  
**BRADFORD HIGH SCHOOL ALUMNI ASSOCIATION, INC.**



Principal Place of Business 100 WEST CALL STREET STARKE, FL 32091	Mailing Address 100 WEST CALL STREET STARKE, FL 32091
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**DO NOT WRITE IN THIS SPACE**



03062008 No Chg-NP CR2E037 (4/06)

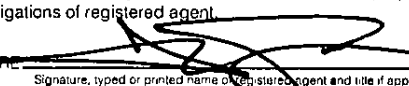
4. FEI Number 59-2696184	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COOPER, JOHN S  
 100 W CALL ST  
 STARKE, FL 32091

**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:  *John Cooper*      3/6/08  
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, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCRAE, ARLIE 1517 BESSANT ROAD STARKE, FL 32091
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWEN, SHELLY ROUTE 5 BOX 1141 STARKE, FL 32091
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FRANCIS, CHARLENE P.O. BOX 522 STARKE, FL 32091
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILNER, BOB 1417 DEBRA STARKE, FL 33091
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MC RAE, GLADYS 1517 BESSANT ROAD STARKE, FL 32091
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEPHENS, DEBRA 426 WALNUT STREET STARKE, FL 32091

**DO NOT WRITE IN THIS SPACE**

000000320390  
 05/14/08-80042-010 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Bob milner*      4-21-08      904-964-4701  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #