

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90092 021 ****61.25

DOCUMENT # N21093

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



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

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-2696184**

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ROSIER, PHYLLIS M P.A.
100 W CALL ST
STARKE FL 32091**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------------|---------------------------------|
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | MOODY, CHESTER | |
| STREET ADDRESS | 6574 BROOKTON BAY RD | |
| CITY-ST-ZIP | KEYSTONE HEIGHTS FL 32656 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BOWEN, SHELLY | |
| STREET ADDRESS | ROUTE 5 BOX 1141 | |
| CITY-ST-ZIP | STARKE FL 32091 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | DURBAN, FAYE | |
| STREET ADDRESS | 4415 E UNIVERSITY AVE | |
| CITY-ST-ZIP | GAINESVILLE FL 32641 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | MILNER, BOB | |
| STREET ADDRESS | 1417 DEBRA | |
| CITY-ST-ZIP | STARKE FL 33091 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | MC RAE, GLADYS | |
| STREET ADDRESS | 1517 BESSENT ROAD | |
| CITY-ST-ZIP | STARKE FL 32091 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SCHMITT, IDA S | |
| STREET ADDRESS | 514 E NONA ST | |
| CITY-ST-ZIP | STARKE FL 32091 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. I hereby certify that the information supplied with this filing does not qualify 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 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* **REQUIRED** *January 17, 2003 904966380*

CR2E037 (10/02)