

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 16 1997 8:00am

Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **F95000003948 (5)**

1. Corporation Name

**CHARLES PARKER FOUNDATION, INC.**

Principal Place of Business

**427 Timberlake,  
MELBOURNE FL 32940**

Mailing Address

**P.O. Box 40595  
MELBOURNE FL 32941**



3. Date Incorporated or Qualified  
**08/14/1995**

3a. Date of Last Report  
**03/12/1996**

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

**24** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

**29** Country

4. FEI Number

**16-6058863**

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**BRADLEY, FRANCIS M  
427 TIMBERLAKE DRIVE  
MELBOURNE FL 32940**

10. Name and Address of New Registered Agent

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**FL**

**85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PCF</b>	<input type="checkbox"/> DELETE
NAME	<b>BRADLEY, FRANCIS M</b>	
STREET ADDRESS	<b>427 TIMBERLAKE DR</b>	
CITY - ST - ZIP	<b>MELBOURNE FL 32940</b>	

TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>BRADLEY, NANCY B</b>	
STREET ADDRESS	<b>427 TIMBERLAKE DR</b>	
CITY - ST - ZIP	<b>MELBOURNE FL 32940</b>	

TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>SANDERS, JAMES N JR</b>	
STREET ADDRESS	<b>1821 14th St</b>	
CITY - ST - ZIP	<b>Duval Fla 32698</b>	

TITLE	<b>Treasurer</b>	<input type="checkbox"/> DELETE
NAME	<b>ANDREW H. BRADLEY</b>	
STREET ADDRESS	<b>817 So Washington</b>	
CITY - ST - ZIP	<b>VAN Wert Ohio 45891</b>	

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

*Francis M. Bradley*

**01-16-97 OR/16**

CR2E037 (9/96)