FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Apr 25 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

N16476

(6)

BRADFORD COUNTY ECOMOMIC DEVELOPMENT CORPORATION

•								İ					
Principal Plac	e of Business			Mailing Addre	iss						CERTI ENGLE DI		
202 S.WALNUT P.O. 578 STARKE FL 320			2 S.Walnut Street). 576 Arke Fl 32091-0576										
				*****				3. Date Incorporated or Qualified 08/22/1986	3a. Date 0	of Last R 5/01/199	eport 16		
2. Principal P	lace of Busin	ess	2	2a. Mailing Address					4. FEI Number		Ap	plied For	
21 Suite Apt # etc				26					59-2739136		No.	t Applicable	
	#, etc.		<u> </u>	Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75		
22 City & State		·	27	City & State							Fee Re		
23 City & State	0		20	28					Election Campaign Financing Trust Fund Contribution		\$5.00		
Zip Country				Zip Coun			,	Trust Fund Contribution Added to Fee: 8. This corporation has liability for intangible tax under s, 199.0					
24 25			29	29 30			Florida Statutes			. 199.032,			
				nt Registered Agent				<u>'1</u>	10. Name and Address of New Registered Agent				
	-					81	Name)					
green,	LEX						Street	Address	Address (P.O. Box Number is Not Acceptable)				
202 S WALNUT ST						82							
P. O. BO						83							
STARKE	FL 32091					84	City	*			65 Zip (Code	
44 0	to the mandal		017 0000	047.4500.52			L			<u>FL</u>			
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Fiorida 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 approximately accept the lobling state of Section 617.0503, Florida Statutes.													
SIGNIATURE													
Storague Apped of printed name of logistered about and title if applicable (NOTE 12. OFFICERS AND DIRECTORS							int signature	e required w	hen reinstating)	DATE	DIDECTOR	0.11.40	
TITLE	PD	- OFI	TICERS AND DIR		DELETE	13. 1.1 TITLE		T	ADDITIONS/CHANGES TO OFFI		DIRECTOR Change	S IN 12 Addition	
NAME	CONNEL	V MED		لبينا	DECETE	1.2 NAME				L	Change	Addition	
STREET ADDRESS	RT. 1, BC					1.3 STREET	ADDDECC						
CITY-ST-ZIP	HAMPTO					1.4 CITY-S							
TITLE	VD				DELETE	21 TITLE	,, ,,,	 			Change	Addition	
NAME	MILLER,	JOHN				2.2 NAME		•		_	_		
STREET ADORESS	135 W. C					2.3 STREET	ADDRESS	1					
CITY-ST-ZIP	STARKE	FL			•	2. 4 CITY-1	ST-ZIP						
TITLE	TD				DELETE	3.1 TITLE		1		Į.	Change	Addition	
NAME	JOHNS, J					3.2 NAME							
STREET ADDRESS		'alnut st.				3.3 STREET	ADDRESS						
CITY-ST-ZIP	STARKE	FL				3.4. CITY - 5	ST-ZIP	l					
TITLE	S				DELETE	4.1 TITLE					Change	☐ Addition	
NAME	GREEN, I					4. 2 NAM€							
STREET ADDRESS		alnut st.				4.3 STREET	ADDRESS						
CITY-ST-ZIP	STARKE	FL			· · · · · · · · · · · · · · · · · · ·	4.4 CITY-S	T-ZIP						
TITLE				Ц	DELETE	5.1 TITLE				L	Change	Addition	
NAME						5.2 NAME						,	
STREET ADDRESS						5.3 STREET						1	
CITY-ST-ZIP				· · · · · · · · · · · · · · · · · · ·	DELETE	5.4 CITY - S	T-ZIP	ļ			1 0	1 2 2 200	
TITLE					DELETE	6.1 TITLE				L) Change	☐ Addition	
NAME						6.2 NAME							
STREET ADDRESS						6.3 STREET							
CITY-ST-ZIP						6.4 CITY - S	T-ZIP	1					

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 dorpotation 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 chapter, or or an attachment with an address.