

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N21093 (2)
1. Corporation Name
BRADFORD HIGH SCHOOL ALUMNI ASSOCIATION, INC.



Principal Place of Business P O BOX 1094 STARKE FL 32091		Mailing Address P O BOX 1094 STARKE FL 32091		3. Date Incorporated or Qualified 06/10/1987	
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 59-2696184 Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ROSIER, PHYLLIS M P.A. 100 W CALL ST STARKE FL 32091				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	
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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] DATE: July 10, 1998
(NOTE: Registered Agent signature required when reinstating)

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

14. 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 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: [Signature] DATE: July 10, 1998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (5/98)