

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N21093

FILED
May 20, 2005
Secretary of State

Entity Name: BRADFORD HIGH SCHOOL ALUMNI ASSOCIATION, INC.

Current Principal Place of Business:

P O BOX 1094
STARKE, FL 32091

New Principal Place of Business:

Current Mailing Address:

P O BOX 1094
STARKE, FL 32091

New Mailing Address:

FEI Number: 59-2696184

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: PHYLLIS M. ROSIER

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: MOODY, CHESTER
Address: 6574 BROOKTON BAY RD
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: D () Delete
Name: BOWEN, SHELLY
Address: ROUTE 5 BOX 1141
City-St-Zip: STARKE, FL 32091

Title: T () Delete
Name: DURBAN, FAYE
Address: 4415 E UNIVERSITY AVE
City-St-Zip: GAINESVILLE, FL 32641

Title: P () Delete
Name: MILNER, BOB
Address: 1417 DEBRA
City-St-Zip: STARKE, FL 33091

Title: S () Delete
Name: MC RAE, GLADYS
Address: 1517 BESSENT ROAD
City-St-Zip: STARKE, FL 32091

Title: D () Delete
Name: SCHMITT, IDA S
Address: 514 E NONA ST
City-St-Zip: STARKE, FL 32091

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: MCRAE, ARLIE
Address: 1517 BESSENT ROAD
City-St-Zip: STARKE, FL 32091

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: STEPHENS, DEBRA
Address: 426 WALNUT STREET
City-St-Zip: STARKE, FL 32091

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHYLLIS M. ROSIER FOR BOB MILNER

P

05/20/2005

Electronic Signature of Signing Officer or Director

Date