
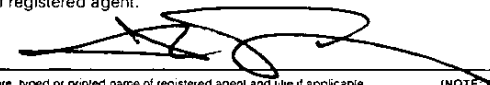
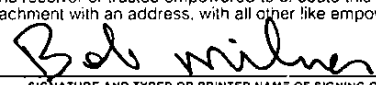


2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

37 NOV 26 PM 2: 35

DOCUMENT # N21093 1. Entity 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		
2. Principal Place of Business - No P.O. Box # 100 West CALL Street <small>Suite, Apt. #, etc.</small>		3. Mailing Address <small>Suite, Apt. #, etc.</small>			
City & State Starke, FL <small>Zip</small> 32091 <small>Country</small> Bradford		City & State <small>Zip</small> <small>Country</small>		4. FEI Number 59-2696184	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent COOPER, JOHN S 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  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE 10.25.2007	
FILE NOW!!! FEE IS \$236.25 After January 1, 2008, Fee will be \$297.50			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <i>vice president</i> MCRAE, ARLIE 1517 BESSENT ROAD STARKE, FL 32091	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600111464086 10/29/07--01089--007 **236.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director BOWEN, SHELLY ROUTE 5 BOX 1141 STARKE, FL 32091	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition TREASURER Charlene Francis P.O. 522, Starke, FL 32091		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer DURBAN, EAYE 4415 UNIVERSITY AVE GAINESVILLE, FL 32641	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition REINSTATEMENT		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President MILNER, BOB 1417 DEBRA STARKE, FL 33091	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition 11/29/07		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary MC RAE, GLADYS 1517 BESSENT ROAD STARKE, FL 32091	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director STEPHENS, DEBRA 426 WALNUT STREET STARKE, FL 32091	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 10.25.2007	
DAYTIME PHONE # (904) 964-6280				DATE	