

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # N21093

1. Entity Name

BRADFORD HIGH SCHOOL ALUMNI ASSOCIATION, INC.



Principal Place of Business

100 WEST CALL STREET
STARKE, FL 32091

Mailing Address

100 WEST CALL STREET
STARKE, FL 32091



03062008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2696184

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COOPER, JOHN S
100 W CALL ST
STARKE, FL 32091

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE V
NAME MCRAE, ARLIE
STREET ADDRESS 1517 BESSENT ROAD
CITY-ST-ZIP STARKE, FL 32091

TITLE D
NAME BOWEN, SHELLY
STREET ADDRESS ROUTE 5 BOX 1141
CITY-ST-ZIP STARKE, FL 32091

TITLE T
NAME FRANCIS, CHARLENE
STREET ADDRESS P.O. BOX 522
CITY-ST-ZIP STARKE, FL 32091

TITLE P
NAME MILNER, BOB
STREET ADDRESS 1417 DEBRA
CITY-ST-ZIP STARKE, FL 33091

TITLE S
NAME MC RAE, GLADYS
STREET ADDRESS 1517 BESSENT ROAD
CITY-ST-ZIP STARKE, FL 32091

TITLE D
NAME STEPHENS, DEBRA
STREET ADDRESS 426 WALNUT STREET
CITY-ST-ZIP STARKE, FL 32091

000000320390
05/14/08-80042-010 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Bob milner

4-21-08

904-964-4701