

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21093

FILED  
Jul 29, 2009  
Secretary of State

**Entity Name:** BRADFORD HIGH SCHOOL ALUMNI ASSOCIATION, INC.

**Current Principal Place of Business:**

100 WEST CALL STREET  
STARKE, FL 32091

**New Principal Place of Business:**

**Current Mailing Address:**

100 WEST CALL STREET  
STARKE, FL 32091

**New Mailing Address:**

**FEI Number:** 59-2696184      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

COOPER, JOHN S  
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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: V      ( ) Delete  
Name: MCRAE, ARLIE  
Address: 1517 BESSENT ROAD  
City-St-Zip: STARKE, FL 32091

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

Title: T      ( ) Delete  
Name: FRANCIS, CHARLENE  
Address: P.O. BOX 522  
City-St-Zip: STARKE, FL 32091

Title: P      ( ) Delete  
Name: MILNER, BOB  
Address: 1417 DEBRA  
City-St-Zip: STARKE, FL 32091

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: P      (X) Change ( ) Addition  
Name: MILNER, BOB  
Address: 1417 DEBRA  
City-St-Zip: STARKE, FL 32091

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: BOB MILNER

PRES

07/29/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date