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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS
95 FEB 23 PM 3:32

DOCUMENT # N31015 (3)

1. Corporation Name
BRADFORD ECUMENICAL MINISTRIES, INC.

Principal Place of Business	Mailing Address
321 W. ANDREW ST. STARKE FL 32091 US	P.O. BOX 157 STARKE FL 32091 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/06/1989
3a. Date of Last Report: 01/20/1994
4. FEI Number: 59-3011911 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

NUSSELL, RICHARD A.
200 N. WALNUT
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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD ☒ Change ☐ Addition
NAME	CARLISLE, AL K.	12 NAME	NUSSEL, RICHARD A.
STREET ADDRESS	126 PARKER ST.	13 STREET ADDRESS	1307 RAIFORD RD.
CITY-ST-ZIP	STARKE FL	14 CITY-ST-ZIP	STARKE, FL 32091
TITLE	VD	21 TITLE	VD ☒ Change ☐ Addition
NAME	NESSEL, RICHARD A.	22 NAME	HOCHHEIM, WILLIAM A.
STREET ADDRESS	1307 RAIFORD RD.	23 STREET ADDRESS	441 N. TEMPLE AVE.
CITY-ST-ZIP	STARKE FL	24 CITY-ST-ZIP	STARKE, FL 32091
TITLE	STD	31 TITLE	TD ☒ Change ☐ Addition
NAME	JOHNS, CHARLES	32 NAME	JOHNS, CHARLES C.
STREET ADDRESS	1455 S. WATER ST.	33 STREET ADDRESS	1455 S. WATER ST.
CITY-ST-ZIP	STARKE FL	34 CITY-ST-ZIP	STARKE, FL 32091
TITLE	SD	41 TITLE	SD ☐ Change ☐ Addition
NAME	WADE, ELIZABETH	42 NAME	WADE, ELIZABETH
STREET ADDRESS	1534 GEGER RD,	43 STREET ADDRESS	1534 GEIGER RD
CITY-ST-ZIP	STARKE FL	44 CITY-ST-ZIP	STARKE, FL 32091
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Richard A Nussel 14 Feb 1995 904 964-6864
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR — Date — Daytime Phone #