2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State
02-25-2004 90022 033 ****61.25

DOCUMENT # N31015

1. Entity 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

MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	921 East Call Street Suite, Apt. #, etc.
City & State	Starke, FL
Zip / Country	32091 / US

4. FEI Number 59-3011911 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HARDESTY, GARY W 921 E CALL STREET STARKE FL 32091	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 _____ DATE

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

FILE NOW: FEE IS $61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

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	PD HOCHHEIM, WILIAM A. 441 N. TEMPLE AVENUE STARKE FL	☒ Delete	PD OBRIAN, Thomas R. 1226 Brad Ford Street Starke, FL 32091	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD JOHNS, CHARLES C 1455 S WATER ST STARKE FL	☒ Delete	VD O'Neill, Dennis T. 645 S. Lawrence Boulevard Keystone Heights, FL 32656	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HARDESTY, GARY W 205 S LAKEWOOD DR STARKE FL	☐ Delete	TD Hess, Linda J. 21277 NW 97th Place Lake Butler, FL 32054	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD OBRIAN, THOMAS R 1226 BRADFORD ST STARKE FL	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Linda J. Hess Linda J. Hess 2/17/04 (904)964-4835

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #