FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **N37525** **(5)**

1. Corporation Name

BRADFORD COUNTY EDUCATION FOUNDATION, INC.

Principal Place of Business	Mailing Address
C/O REBECCA N. REDDISH 582 N.TEMPLE AVE..SCHOOL BOARD.BRADFORD CO STARKE FL 32091-2610	C/O REBECCA N. REDDISH 582 N.TEMPLE AVE..SCHOOL BOARD.BRADFORD CO STARKE FL 32091-2610

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified: 04/09/1990	3a. Date of Last Report: 02/22/1995
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number: 59-2990518	☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☒	**$8.75** Additional Fee Required
Zip 24 / Country 25	Zip 29 / Country 30	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

REDDISH, REBECCA N.
582 NORTH TEMPLE AVENUE
SCHOOL BOARD OF BRADFORD COUNTY
STARKE FL

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DS	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ROWE, JO ANN S.		1.2 NAME		
STREET ADDRESS	582 NORTH TEMPLE AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	STARKE FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CHASTAIN, EVELYN S.,		2.2 NAME		
STREET ADDRESS	RT. 3 BOX 446		2.3 STREET ADDRESS		
CITY-ST-ZIP	STARKE FL		2.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	CONNELLY, H. MEDFORD		3.2 NAME	Davis, James Aaron, Jr.	
STREET ADDRESS	RT. 1 BOX 115H		3.3 STREET ADDRESS	Post Office Box 1276	
CITY-ST-ZIP	HAMPTON FL		3.4 CITY-ST-ZIP	Starke, FL 32091	
TITLE	D	☒ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	DENMARK, STEPHEN G. JR.		4.2 NAME	Miller, John M.	
STREET ADDRESS	434 W. CALL ST.		4.3 STREET ADDRESS	135 West Call Street	
CITY-ST-ZIP	STARKE FL		4.4 CITY-ST-ZIP	Starke, FL 32091	
TITLE	D	☒ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	DUNCAN, F. JAMES		5.2 NAME	Register, Paula	
STREET ADDRESS	RT. 2 BOX 1672		5.3 STREET ADDRESS	Post Office Box 658	
CITY-ST-ZIP	STARKE FL		5.4 CITY-ST-ZIP	Starke, FL 32091	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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)(k), 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.

(904)

SIGNATURE: Jo Ann S. Rowe, Director/Secretary 3/22/96 966-6018
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #