SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

FILED
Sep 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/09/1990
3a. Date of Last Report: 03/26/1996

2. Principal Place of Business	2a. Mailing Address
21 c/o Marian R. Sellers	26 c/o Marian R. Sellers
22 Suite, Apt. #, etc. 582 N. Temple Ave.	27 Suite, Apt. #, etc. 582 N. Temple Ave.
23 City & State Starke FL	28 City & State Starke FL
24 Zip 32091 25 Country Bradford	29 Zip 32091 30 Country Bradford

4. FEI Number: 59-2990518 ☐ 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
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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: Marian R. Sellers
82 Street Address (P.O. Box Number is Not Acceptable): 582 N. Temple Ave
83: School Board of Bradford County
84 City: Starke FL 85 Zip Code: 32091

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: Marian R. Sellers Executive Director 8-26-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DS	☒ DELETE	1.1 TITLE	DS	☒ Change ☐ Addition
NAME	ROWE, JO ANN S.		1.2 NAME	Russell Larramore	
STREET ADDRESS	582 NORTH TEMPLE AVE.		1.3 STREET ADDRESS	582 N. Temple Ave.	
CITY-ST-ZIP	STARKE FL		1.4 CITY-ST-ZIP	Starke FL 32091	
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		☐ Change ☐ Addition
NAME	DAVIS, JAMES AARON JR		3.2 NAME		
STREET ADDRESS	P.O. BOX 1276 NA		3.3 STREET ADDRESS		
CITY-ST-ZIP	STARKE FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MILLER, JOHN M.		4.2 NAME		
STREET ADDRESS	135 WEST CALL STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	STARKE FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE	D	☐ Change ☐ Addition
NAME	REGISTER, PAULA		5.2 NAME	Register, Paula	
STREET ADDRESS	P.O. BOX 658		5.3 STREET ADDRESS	P.O. Box 658 NA	
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 (4/97)

14. I do 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 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: [illegible] REQUIRED Director/Secretary 8-26-97 (904)964-6018