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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N37525

1. Corporation Name
BRADFORD COUNTY EDUCATION FOUNDATION, INC.

Principal Place of Business	Mailing Address
C/O ~~MARIAN R SELLERS~~ 582 N TEMPLE AVE STARKE FL 32091 US	C/O ~~MARIAN R SELLERS~~ 582 N TEMPLE AVE STARKE FL 32091 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 c/o WANDA Bishop	26 c/o WANDA Bishop	04/09/1990
Suite, Apt. #, etc., 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2990518 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~SELLERS, MARIAN R~~ 582 N TEMPLE AVE SCHOOL BOARD OF BRADFORD COUNTY STARKE FL 32091	81 Name: WANDA Bishop 82 Street Address (P.O. Box Number is Not Acceptable): SCHOOL BOARD of BRADFORD COUNTY 83: 582 No. TEMPLE AVE. 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: Wanda Bishop — 4/27/99
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DS LARRAMORE, RUSSELL 582 NORTH TEMPLE AVE. STARKE FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHASTAIN, EVELYN S., RT. 3 BOX 446 STARKE FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	PRESIDENT JOHN SMITH 2226 No. TEMPLE STARKE, FL 32091	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVIS, JAMES AARON JR P.O. BOX 1276 NA STARKE FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILLER, JOHN M. 135 WEST CALL STREET STARKE FL	☐ DELETE	4.1 TITLE / 4. 2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REGISTER, PAULA P.O BOX 658 N/A STARKE FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	DIRECTOR CAROLE K. DECELLE 101-A EDWARDS Rd STARKE, FL 32091	☐ Change ☒ Addition

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: Carole K. Decelle **SIGNATURE REQUIRED** — 4/27/99 — 904-964-8335
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #