2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 08:00 AM
Secretary of State

DOCUMENT # N37525

1. Entity Name
BRADFORD COUNTY EDUCATION FOUNDATION, INC.

Principal Place of Business	Mailing Address
501 W WASHINGTON ST STARKE, FL 32091 US	P O BOX 927 STARKE, FL 32091 US

02092005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2990518
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DRUMMOND, DONALD L
103 EDWARDS ROAD
STARKE, FL 32091

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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)

Filing Fee is $61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ROBERTS, SCOTT
STREET ADDRESS	PO BOX 927
CITY-ST-ZIP	STARKE, FL 32091
TITLE	D
NAME	JOHNS, PHILLIP
STREET ADDRESS	P.O. DRAWER 460
CITY-ST-ZIP	STARKE, FL 32091
TITLE	T
NAME	DRUMMOND, DONALD L
STREET ADDRESS	103 EDWARDS ROAD
CITY-ST-ZIP	STARKE, FL 32091
TITLE	S
NAME	HATCHER, HARRY
STREET ADDRESS	PO BOX 927
CITY-ST-ZIP	STARKE, FL 32091
TITLE	D
NAME	OODY, JEFF
STREET ADDRESS	PO BOX 927
CITY-ST-ZIP	STARKE, FL 32091
TITLE	D
NAME	EVERSON, MICHELE
STREET ADDRESS	PO BOX 927
CITY-ST-ZIP	STARKE, FL 32091

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03/28/05-80047-004 61.25

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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: R. Michele Everson R. Michele Everson 3/23/05 904-364-7524
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #