2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006
Secretary of State

DOCUMENT# N37525

Entity Name: BRADFORD COUNTY EDUCATION FOUNDATION, INC.

Current Principal Place of Business:

501 W WASHINGTON ST
STARKE, FL 32091 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 927
STARKE, FL 32091 US

New Mailing Address:

FEI Number: 59-2990518 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DRUMMOND, DONALD L
103 EDWARDS ROAD
STARKE, FL 32091 US

Name and Address of New Registered Agent:

MICHELE, EVERSON
PO BOX 927
STARKE, FL 32091 US

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.

SIGNATURE: R. MICHELE EVERSON 04/17/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ROBERTS, SCOTT
Address: PO BOX 927
City-St-Zip: STARKE, FL 32091

Title: D ( ) Delete
Name: JOHNS, PHILLIP
Address: P.O. DRAWER 460
City-St-Zip: STARKE, FL 32091

Title: T ( ) Delete
Name: DRUMMOND, DONALD L
Address: 103 EDWARDS ROAD
City-St-Zip: STARKE, FL 32091

Title: S ( ) Delete
Name: HATCHER, HARRY
Address: PO BOX 927
City-St-Zip: STARKE, FL 32091

Title: D ( ) Delete
Name: OODY, JEFF
Address: PO BOX 927
City-St-Zip: STARKE, FL 32091

Title: D ( ) Delete
Name: EVERSON, MICHELE
Address: PO BOX 927
City-St-Zip: STARKE, FL 32091

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: R. MICHELE EVERSON D 04/17/2006
Electronic Signature of Signing Officer or Director Date