FILED

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Sep 04, 2003 8:00 am Secretary of State DOCUMENT # **N37525** 1. Entity Name 09-04-2003 90071 028 ****61.25 BRADFORD COUNTY EDUCATION FOUNDATION, INC. Principal Place of Business Mailing Address 501 W WASHINGTON ST P O BOX 927 STARKE FL 32091 STARKE FL 32091 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number 59-2990518 City & State City & State Not Applicable Zip Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Rummer BISHOP, WANDA Address (P.O. Box Number is Not Acceptable) SCHOOL BOARD OF BRADFORD COUNTY EDWARDS 582 NO. TEMPLE AVE STARKE FL 32091 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. After September 10, 2003, min will be \$236,25 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Addition ☐ Delete ☐ Change TITLE TITLE DONALO L. DRUMMOND 103 EDWARDS ROAD PATERSON, ROBERT NAME NAME 501 W WASHINGTON ST STREET ADDRESS STREET ADDRESS STARKE, FL 32091 CITY-ST-ZIP STARKE FL 32091 CITY-ST-ZIP IEX GREEN Addition TITLE ☐ Delete TITLE ☐ Change Johns, Phillip 15565 NE 16th AUE. NAME NAME P.O. DRAWER 460 STREET ADDRESS STREET ADDRESS Starke, FL 3209, STARKE FL 32091 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE DAVIS, JAMES AARON JR NAME NAME P.O. BOX 1276 NA STREET ADDRESS STREET ADDRESS STARKE FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE MILLER, JOHN M. NAME NAME -135 WEST CALL STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STARKE FL CITY-ST-ZIP O Delete TITLE TITLE Change Change Addition NORGEL, LARRY NAME NAME STREET ADDRESS 1018 N. TEMPLE AVE STREET ADDRESS CITY-ST-ZIP STARKE FL 32091 CITY-ST-ZIP

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.

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Delete

SIGNATURE:

DECELLE, CAROLE K

101-A EDWARDS RD

STARKE FL

TITLE

NAME

STREET ADDRESS

7-18-03

☐ Change

☐ Addition