


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90084 042 \*\*\*\*61.25

|  |         |  |             |
|--|---------|--|-------------|
| <b>DOCUMENT # N50635</b>   |         |       |             |
| 1. Entity Name<br><b>BRADLEY PARK, INC.</b>  |         |  |             |
| Principal Place of Business<br><b>44 EAST BRADLEY STREET<br/>MIRAMAR BEACH FL 32550<br/>US</b> |         | Mailing Address<br><b>44 EAST BRADLEY STREET<br/>BOX 15<br/>DESTIN FL 32550<br/>US</b> |             |
| 2. Principal Place of Business   |         | 3. Mailing Address<br><b>44 EAST BRADLEY ST.</b>                                       |             |
| Suite, Apt. #, etc.  |         | Suite, Apt. #, etc.<br><b>Box 15</b>   |             |
| City & State   |         | City & State<br><b>MIRAMAR BEACH, FL</b>   |             |
| Zip  | Country | Zip  | Country     |
|  |         | <b>32550</b>   | <b>U.S.</b> |



MOORE CR2E037 (11/03)

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|---|--|--|--|
| 4. FEI Number<br><b>59-3199826</b>                        |  | Applied For<br><input type="checkbox"/> Not Applicable |  |
| 5. Certificate of Status Desired <input type="checkbox"/> |  | <b>\$8.75</b> Additional Fee Required                  |  |

|   |  |  |  |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent<br><b>GOODSON, PERRY F<br/>44 EAST BRADLEY STREET<br/>#15<br/>DESTIN FL 32541</b> |  | 7. Name and Address of New Registered Agent<br>Name <b>ANDERSON, ROBERT J.</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>44 E. BRADLEY ST. # 12</b><br>City <b>MIRAMAR BEACH</b> <b>FL</b> Zip Code <b>32550</b> |  |
|---|--|--|--|

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 *Robert J. Anderson* DATE 4-19-04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|  |   |                                    |  |
|--|---|------------------------------------|--|
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2004</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees | <b>Make Check Payable to<br/>Florida Department of State</b> |
|--|---|------------------------------------|--|

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>HANNAH, WALTER<br>4220 CARDINAL STREET<br>NORTHPORT AL 32476 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | PD<br>ANDERSON, ROBERT J.<br>44 E. BRADLEY ST. # 12<br>MIRAMAR BEACH FL 32550 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>GOODSON, PERRY F<br>44 E BRADLEY ST #14<br>DESTIN FL 32541 <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | T<br>GOODSON, PERRY F.<br>44 E. BRADLEY ST. #14<br>MIRAMAR BEACH, FL 32550 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>GAGNON, JOSEPH R<br>P.O. BOX 325<br>FT MITCHELL AL 36856 <input type="checkbox"/> Delete                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | VD<br>GAGNON, JOSEPH R.<br>P.O. Box 325<br>FT. MITCHELL, AL 36856 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>BENSON, BILL<br>44 E. BRADLEY ST., #8<br>DESTIN FL 32550 <input checked="" type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | VD<br>MURRAY, GEORGE R.<br>1911 N. CHEROKEE AVE.<br>DOTHAN, AL 36303 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>BENSON, JUDY<br>44 E. BRADLEY ST., #8<br>DESTIN FL 32550 <input checked="" type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | S<br>FILIPI, MONIQUE<br>P.O. Box 6579<br>MIRAMAR BEACH, FL 32550 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>GAGNON, JOSEPH R<br>P.O. BOX 325<br>FORT MITCHELL AL 36856 <input checked="" type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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: *Perry F. Goodson* **PERRY F. GOODSON** 4/19/04 850-654-0057  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #