


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2005 08:00 AM**  
**Secretary of State**

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| <b>DOCUMENT # N50635</b><br>1. Entity Name<br>BRADLEY PARK, INC. |  |
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|---|---|
| Principal Place of Business<br><b>44 EAST BRADLEY STREET</b><br><b>MIRAMAR BEACH, FL 32550 US</b> | Mailing Address<br><b>44 EAST BRADLEY ST.</b><br><b>BOX 15</b><br><b>MIRAMAR BEACH, FL 32550 US</b> |
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02022005 No Chg-NP CR2E037 (10/03)

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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                  |

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| <b>6. Name and Address of Current Registered Agent</b><br><br><b>ANDERSON, ROBERT J</b><br><b>44 EAST BRADLEY STREET</b><br><b>#12</b><br><b>MIRAMAR BEACH, FL 32550</b> |
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |   |
|---|---|
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2005</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |
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| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| 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 |
| 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      |
| 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              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>MCMURRAY, GEORGE R<br>1911 N. CHEROKEE AVE.<br>DOTHAN, AL 36303        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>FILION, MONIQUE<br>P.O. BOX 6579<br>MIRAMAR BEACH, FL 32550             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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02/05/05-80054-020 61.25

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 817, 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* *2/2/05* *850-654-0057*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #