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

## DOCUMENT # **N50635**

BRADLEY PARK, INC.

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip 32550

8.



1. Entity Name Principal Place of Business Mailing Address 44 EAST BRADLEY STREET 44 EAST BRADLEY STREET DESTIN FL 32541- 32550 **BOX 15** 

DESTIN FL 32550

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

US

**FILED** Apr 22, 2003 8:00 am Secretary of State

04-22-2003 90039 024 \*\*\*\*61.25



GOODSON, PERRY F Street Address (P.O. Box Number is Not Acceptable) 44 EAST BRADLEY STREET #15 DESTIN FL 32541 City

|   |  | r <b>-</b>                     |
|---|--|--------------------------------|
| The above named entity submits this statement for the purpose of changing its registere | ed office or registered agent, or both, in the State of Florida. | I am familiar with, and accept |
| the obligations of registered agent.  |  | •                              |

Country

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| FILE NOW: | FEE | IS | \$61.25 |  |
|-----------|-----|----|---------|--|
| 3         |     | :  |         |  |

Country

6. Name and Address of Current Registered Agent

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

Zip Code

| 9  | ·  |                 |  |  | •          |          |                   |
|--|--|-----------------|--|--|------------|----------|-------------------|
| 10. OFFICERS AND DIRECTORS 11                  |  |                 |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |            |          |                   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          | VD<br>HANNAH, WALTER<br>4220 CARDINAL STREET<br>NORTHPORT AL 32476 | ☐ Delete        | TITLE PP NAME STREET ADDRESS CITY-ST-ZIP       | BILL BENSON<br>44 E. BRADLEY ST.<br>DESTIN, FL 3255    | <b>`</b> & | ] Change | Addition .        |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          | TD<br>GOODSON, PERRY F<br>44 E BRADLEY ST #14<br>DESTIN FL 32541   | ☐ Delete        | TITLE J D  NAME  STREET ADDRESS  CITY-ST-ZIP   | JUDY BENSON 44 E. BRADLEY ST DESTIN, FL 3255           | - #8       | Change   | <b>⊠</b> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>GAGNON, JOSEPH R<br>P.O. BOX 325<br>FT MITCHELL AL 36856     | □ Delete        | TITLE <b>D</b> NAME STREET ADDRESS CITY-ST-ZIP | GAGNON, JOSEPH R<br>RO. BOX 325<br>FT. MITCHELL, AL 36 | . S        | Change   | Addition          |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          | SD<br>Barfield, Harriet<br>Rt 1 Box 40<br>Ellaville ga 31806       | <b>⋈</b> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  |            | Change   | Addition {        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | ☐ Delete        | TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  |            | Change   | Addition          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | □ Delete        | TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  |            | Change   | Addition          |

12. I hereby certify that the information supplied with this filling 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:

4/18/13