

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000901

FILED  
Mar 27, 2009  
Secretary of State

**Entity Name:** BRIGGLE-BRADLEY SCHOLARSHIP, INC.

**Current Principal Place of Business:**

55 CITRUS AVE.  
KEYSTONE HEIGHTS, FL 32656

**New Principal Place of Business:**

**Current Mailing Address:**

341 S.E. 46TH LOOP  
KEYSTONE HEIGHTS, FL 32656

**New Mailing Address:**

**FEI Number:** 59-3170511

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DEAN, LAURA G  
6461 BAKER ROAD  
KEYSTONE HEIGHTS, FL 32656 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BISHOP, RITA  
Address: P.O. BOX 388  
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: V ( ) Delete  
Name: DODD, ROBERTA  
Address: 341 S.E. 46TH LOOP  
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: S ( ) Delete  
Name: ROWLAND, SYLVIA  
Address: 4654 GADARA RD.  
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: D ( ) Delete  
Name: BRIGGLE, JIM  
Address: 7109 CR 315  
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: D ( ) Delete  
Name: BRADLEY, LARRY  
Address: 8405 EVELYN CT.  
City-St-Zip: ST. AUGUSTINE, FL 32092

**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:

I hereby certify that the information supplied with this filing does not qualify 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: LAURA G. DEAN

RA

03/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date