

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

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90288 024 \*\*\*\*61.25

**DOCUMENT # N94000006249**  
1. Entity Name  
**VIRGINIA GAYLORD NEELY CHARITABLE FOUNDATION, INC.**



Principal Place of Business Mailing Address  
**% BRUCE BERKINSHAW** **C/O BP&S. 3325 FRENCH PARK DRIVE**  
**765 SEAGATE DRIVE** **SUITE 1**  
**NAPLES FL 34103** **EDMOND OK 73034**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business Suite, Apt. #, etc.  
3. Mailing Address Suite, Apt. #, etc.

City & State City & State

4. FEI Number **56-1908500**  
Applied For  
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**  
**BERKINSHAW, BRUCE**  
**% U.S. TRUST COMPANY OF FLORIDA, S.B.**  
**765 SEAGATE DR.**  
**NAPLES FL 34103**

**7. Name and Address of New Registered Agent**  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>BERGLUND, JANICE S</b>
STREET ADDRESS	<b>P.O. BOX 307 (N/A)</b>
CITY-ST-ZIP	<b>CASHIERS NC 28717</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>NEELY, JACK H</b>
STREET ADDRESS	<b>401 S. BOSTON AVE., STE. 2350</b>
CITY-ST-ZIP	<b>TULSA OK 74103</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>NEELY, PAUL</b>
STREET ADDRESS	<b>P.O. BOX 951 (N/A)</b>
CITY-ST-ZIP	<b>CHATTANOOGA TN 37401</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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.

SIGNATURE: *[Signature]* **President 4-30-03 828-743-2967**

CR2E037 (10/02)