

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