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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N9500000 2952 ✓
 1. Corporation Name
 Branford's River Reunion Committee, Inc.

Principal Place of Business Mailing Address
 27846 79th Rd.
 Branford FL 32008

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26 Route 3 Box 1790	06/19/1995
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number
22	27	59-2922160
23 City & State	28 City & State	5. Certificate of Status Desired
23	28 Fort White FL	<input type="checkbox"/> \$8.75-Additional Fee Required
24 Zip	29 Zip	6. Election Campaign Financing Trust Fund Contribution
24	29 32038	<input type="checkbox"/> \$5.00 May Be Added to Fees
25 Country	30 Country	
25	30 US	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Scott, John L 112 Suwannee Avenue Branford FL 32008	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D DELETE	1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bernardo, Gilbert J.	1.2 NAME	Copeland, Patricia
STREET ADDRESS	27546 79th Rd.	1.3 STREET ADDRESS	Route 3 Box 1790
CITY-ST-ZIP	Branford FL 32008	1.4 CITY-ST-ZIP	Fort White FL 32038
TITLE	T/D DELETE	2.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Memullen, L.L. Jr.	2.2 NAME	Hudson, Sharon
STREET ADDRESS	P.O. Box 918 (Corner Carter & Martin)	2.3 STREET ADDRESS	7916 216th Street
CITY-ST-ZIP	Branford FL 32008	2.4 CITY-ST-ZIP	O'Brien FL 32071
TITLE	D DELETE	3.1 TITLE	S/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sapp, Lura	3.2 NAME	Barnes, Melissa
STREET ADDRESS	Route 3 Box 120	3.3 STREET ADDRESS	P.O. Box 930 (100 SE Suwannee Ave)
CITY-ST-ZIP	Branford FL 32008	3.4 CITY-ST-ZIP	Branford FL 32008
TITLE	D DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Griffith, R.C.	4.2 NAME	Opperle, Sandra
STREET ADDRESS	P.O. Box 212 n/a	4.3 STREET ADDRESS	P.O. Box 100
CITY-ST-ZIP	Branford FL 32008	4.4 CITY-ST-ZIP	Branford FL 32008
TITLE	D DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gaylor, Dean	5.2 NAME	
STREET ADDRESS	P.O. Box 547	5.3 STREET ADDRESS	
CITY-ST-ZIP	Branford FL 32008	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Patricia Copeland Patricia Copeland 2/1/99 904-497-2154
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)