

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90073 019 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # N96000005467**

1. Corporation Name

**FRIENDS OF BRADLEY'S COUNTRY STORE, INC.**

Principal Place of Business

9000 CENTERVILLE ROAD  
TALLAHASSEE FL 32308

Mailing Address

9000 CENTERVILLE ROAD  
TALLAHASSEE FL 32308



2. Principal Place of Business

21 10610 Centerville Rd

Suite, Apt. #, etc.

City & State

23 Tallahassee, FL

Zip Country

24 32308 25 USA

2a. Mailing Address

26 10610 Centerville Rd

Suite, Apt. #, etc.

City & State

28 Tallahassee, FL

Zip Country

29 32308 30 USA

3. Date Incorporated or Qualified

10/24/1996

4. FEI Number

NOT APPLICABLE 59-3567047

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

FRYZEL, JANET BRADLEY

9000 CENTERVILLE ROAD 10610 Centerville Rd.  
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

PD  
NAME FRYZEL, JANET BRADLEY  
STREET ADDRESS 9000 CENTERVILLE ROAD  
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE ☐ DELETE

SD  
NAME OBRECHT, JULIE BRADLEY  
STREET ADDRESS 9001 CENTERVILLE ROAD  
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE ☐ DELETE

VD  
NAME BRADLEY, FRANK BENTON  
STREET ADDRESS RT 3, BOX 610  
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE ☐ DELETE

TD  
NAME BRADLEY, LILLIAN BROW  
STREET ADDRESS RT 3, BOX 610  
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

10610 Centerville Rd

1.4 CITY-ST-ZIP

2.1 TITLE

☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

10601 Centerville Rd

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

SIGNATURE REQUIRED Janet B. Fryzel

4/30/99

(850) 893-1647

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)