

FILE NOW: FILING FEE IS \$61.25

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98 APR 30 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**NONPROFIT
CORPORATION
ANNUAL REPORT
1997**FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT #** N97000002983Corporation Name
**The Jean S. and Scott R. Bridge Charitable
Foundation, Inc.**

Principal Place of Business

Mailing Address

**1201 George Bush Boulevard
Delray Beach, FL 33483**3. Date Incorporated or Qualified
May 22, 19979a. Date of Last Report
none

2. Principal Place of Business

2a. Mailing Address

b1 see above

b2 see above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
65-0760738Applied For
New Application

22 City & State

27 City & State

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

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00 May Be
Added to Fees**7. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Robert D. Chapin, Esq.
1201 George Bush Boulevard
Delray Beach, FL 33483**

b1 Name

b2 Street Address (P.O. Box Number is Not Acceptable)

b3

b4 City

FL

b5 Zip Code

11. Pursuant to the provisions of Sections 617.05032 and 617.15001, 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 617.05001, Florida Statutes.

SIGNATURE

Signature (print name of individual, agent, and date of signature)

(PRINT) Signature of Agent (signature required when new agent)

DATE

98. OFFICERS AND DIRECTORS	
TITLE	Director, President ☐ DELETE
NAME	Scott R. Bridge
STREET ADDRESS	P.O. Box 275
CITY-ST-ZIP	Franklinville, NC 27248
TITLE	Director, Vice President
NAME	Suzanne B. Oakley
STREET ADDRESS	243 White Oak Shade Road
CITY-ST-ZIP	New Canann, CT 06840
TITLE	Director, Secretary ☐ DELETE
NAME	Robert D. Chapin
STREET ADDRESS	1201 George Bush Blvd.
CITY-ST-ZIP	Delray Beach, FL 33483
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

99. ADDITIONAL CHANGE TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Director, President ☒ Change ☐ Addition
1.2 NAME	Scott R. Bridge
1.3 STREET ADDRESS	982 Chaney Road
1.4 CITY-ST-ZIP	Asheboro, NC 27203
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	500002517735--0
2.3 STREET ADDRESS	-05/08/98--01088--008
2.4 CITY-ST-ZIP	*****61.25 *****61.25
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	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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.

SIGNATURE:

Robert D. Chapin, Secretary & Director4/28/98
Date561-272-1225
Telephone Number

CP2E037 (3/96)