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

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N97000007135 (3) DOCUMENT #

THE CHARLES E BRADSHAW JR. FOUNDATION, INC.

## FILED

98 NOV 19 PM 4: 18

SECRETARY OF STATE TALLAHASSEE, FLORIDA



THE GRANLES E. BRADSHAW, SIN, LOUNDATION, MO.					
Principal Place of Business Mailing Address					
22051 O'BRIEN ROAD P.O. BOX 3508 HOWIE-IN-THE-HILLS FL 34737 ORLANDO FL 32802			3. Date Incorporated or Qualified 12/24/1997		
			4. FEI Number Applied For	Applied For Not Applicable	
2. Principal Place of Business 2a. Mailing Address 2f			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Suite, Apt. #, etc.   Suite, Apt. #, etc.   27			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
City & State City & State		7. Is this nonprofit corporation a homeowners association?			
23     28		Country		Yes No	
Zip Country 29	313	<del>-</del>	8. This corporation owes or has paid the cur Personal Property Tax due June 30.	Tent year intangible  ☐ Yes ☐ No	
9. Name and Address of Current Regis		91	10. Name and Address of New Registered	Agent	
		81 Name			
SCHUFFIELD, W C ESQ. 351 EAST ROBINSON ST.		82 Street Addre	ess (P.O. Box Number is Not Acceptable)		
SUITE 600		83			
ORLANDO FL 32801		84 City	FL	85 Zip Code	
11. Pursuant to the provisions of Sections 617.0502 and 6 office or registered agent, or both, in the State of Floric agent. I am familiar with, and accept the obligations of	17.1508, Florida Statutes,	, the above-named corp	oration submits this statement for the purpose o	changing its registered	
agent. I am familiar with, and accept the obligations of	Section 617 0503 Earl	da Statutes.	ion's board of directors. Thoroby according upp	on union do regionere	
SIGNATURE L. Cleveland Hightower Signature, typed or printed name of registered agent and title if applicable. (NOTE R		Registered Agent signature require		15, 1998	
12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12	
	D President DELETE			☐ Change ☐ Addition	
Charles E. Bradshaw, Jr.		1.2 NAME	200002694	arp-le:	
TREET ADDRESS 1204 Park Avenue		1.3 STREET ADDRESS	-11/24/980		
G(1)-G1-2i	Winter Park, FL 32789		*****61.25	Change Addition	
THE D Vice Pres. and Secreta	Vice Pres. and Secretary/Treasurer			Change T_1 Addition	
AME   L. Cleveland Hightower		2.2 NAME 2.3 STREET ADDRESS			
STREET ADDRESS 1814 Gerda Terrace	TOTA CELCA TELLACE				
CIT/FST-ZIP Orlando, FL 32804	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition	
Marie L. Bradshaw		3.2 NAME			
STREET ADDRESS 1204 Park Avenue		3.3 STREET ADDRESS		·· - <u> </u>	
CITY-ST-ZIP Winter Park, FL 32789		3.4. CITY-ST-ZIP			
TITLE	☐ DELETE	4.1 TITLE		Change	
NAME					
STREET ADDRESS		4. 2 NAME			
CITY-ST-ZIP		4. 2 NAME 4.3 STREET ADDRESS		:	
		4.3 STREET ADDRESS 4.4 City-St-Zip		Change L Addition	
TITLE	☐ DELETE	4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition	
TITLE NAME	☐ DELETE	4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME		Change Addition	
TITLE NAME STREET ADDRESS	☐ DELETE	4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		Change Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	☐ DELETE	4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition  Change Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 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.

SIGNATURE:

REQUIRECLEVEL and Hightower

10/15/98

(352) 429-4145