

1 of 2

# NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 OCT 24 PM 12:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **NO10000001211**  
1. Entity Name  
**Hilliard Middle-Senior High School Educational Foundation, Inc.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**One Flashes Avenue**  
Suite, Apt. #, etc.

3. Mailing Address  
**PO Box 1583**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Hilliard, FL**  
Zip **32046** Country **USA**

City & State  
**Hilliard, FL**  
Zip **32406** Country **USA**

4. FFI Number  
**03-0424148**  
Applied For  
Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Dale Braddock**  
Street Address (P.O. Box Number is Not Acceptable)  
**One Flashes Avenue**  
City **Hilliard** FL Zip Code **32046**

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.

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

**FEE IS \$61.25 Initial or Amended UBR**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P/T**  
NAME **Dwayne Mike Bishop**  
STREET ADDRESS **18298 Joe Haddock Rd.**  
CITY- ST- ZIP **Hilliard, FL 32046**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

**400009568114**  
**10/24/02--01063--003 \*\*61.25**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

**DO NOT WRITE IN THIS SPACE**

TITLE **V/T**  
NAME **Ross Ed Libby, Jr.**  
STREET ADDRESS **47944 Turkey Town Lane**  
CITY- ST- ZIP **Hilliard, FL 32046**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

**DO NOT WRITE IN THIS SPACE**

TITLE  
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STREET ADDRESS  
CITY- ST- ZIP

**DO NOT WRITE IN THIS SPACE**

TITLE **S/T**  
NAME **Garvin Nelson**  
STREET ADDRESS **19653 Capital Dr.**  
CITY- ST- ZIP **Hilliard, FL 32046**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

**10/28**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**Continued on second page**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

**DO NOT WRITE IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE: *Vicki Cornett* **Vicki Cornett** 9/19/02 904-845-1389  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/01)