


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90022 041 \*\*\*\*61.25

<b>DOCUMENT # N01000001211</b> 1. Entity Name <b>HILLIARD MIDDLE-SENIOR HIGH SCHOOL EDUCATIONAL FOUNDATION, INC.</b>					
Principal Place of Business P.O. BOX 1583 HILLIARD, FL 32046		Mailing Address P.O. BOX 1583 HILLIARD, FL 32046			
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	4. FEI Number <b>03-0424148</b>		
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>BRADDOCK, DALE</b> <b>ONE FLASHES AVENUE</b> <b>HILLIARD, FL 32046</b>			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> Zip Code		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT BISHOP, DWAYNE M 18298 JOE HADDOCK RD HILLIARD, FL 32046	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTT CORNETT, VICKI 37195 ALICE ST HILLIARD, FL 32046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT LIBBY, ROSS E JR 47944 TURKEY TOWN LANE HILLIARD, FL 32046	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BISHOP, DWAYNE M. 18298 JOE HADDOCK RD HILLIARD, FL 32046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NELSON, GARVIN E JR. 19653 CAPITAL DR HILLIARD, FL 32046	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LAURENDINE, BENITA 27206 MISSOURI ST HILLIARD, FL 32046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT CORNETT, VICKI 37195 ALICE ST HILLIARD, FL 32046	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ADAMS, JIM 12542 SUNOWA SPRINGS BRYCEVILLE, FL 32009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BISHOP, LISA 18298 JOE HADDOCK RD HILLIARD, FL 32046	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LAURENDINE, BENITA 27206 MISSOURI ST HILLIARD, FL 32046	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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)(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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Vicki Cornett</u> <b>VICKI CORNETT</b> 4-8-04 904-845-1389 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					