


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90302 024 ****61.25

DOCUMENT # N01000001211 1. Entity Name HILLIARD MIDDLE-SENIOR HIGH SCHOOL EDUCATIONAL FOUNDATION, INC.					
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	
Country		Country		4. FEI Number 03-0424148	
Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BRADDOCK, DALE ONE FLASHES AVENUE HILLIARD, FL 32046			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
BRADDOCK, DALE ONE FLASHES AVENUE HILLIARD, FL 32046			Name Street Address (P.O. Box Number is Not Acceptable) City		
BRADDOCK, DALE ONE FLASHES AVENUE HILLIARD, FL 32046			City FL 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 _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTT CORNETT, VICKI 37195 ALICE ST. HILLIAD, FL 32046	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Jim Adams 12542 Sunowa Springs Bryceville, Fl 32009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BISHOP, DWAYNE M 18298 JOE HADDOCK RD. HILLIARD, FL 32046	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Cheryl Copps 17223 Turkey Creek Place Hilliard, Fl 32046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LAURENDINE, BENITA 27206 MISSOURI ST. HILLIARD, FL 32046	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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> Vicki Cornett 4-26-05 904-845-1389					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

40068577



04182005 Chg-NP CR2E037 (10/03)