2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

					SCCIC	iary or S	raic
1. Entity Name	MENT # N0100000 MIDDLE-SENIOR HIGH S ONAL FOUNDATION, INC			04-27-200	05 90302 024 ***	*61.25	
P.O. BOX 1583		Mailing Address P.O. BOX 1583 HILLIARD, FL 3204	6		4006857		1201 (1811B) BL 1891
2. Principal Place of Business 3. N		3. Mailing Address	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		05 Chg-NP	CR2E037 (10/	03)
City & State		City & State	City & State		umber 0424148		Applied For Not Applicable
Zíp	Country	Zip	Country		cate of Status Desir	eu L Fee Re	Additional equired
	Name and Address of Curren	t Registered Agent		7. Name	and Address of No	ew Registered Agent	
BRADDOCK, DALE ONE FLASHES AVENUE HILLIARD, FL 32046				Street Address (P.O. Box Number is Not Acceptable)			
			City			PL	Code
	named entity submits this statement ions of registered agent.	for the purpose of changing	g its registered office o	r registered agent, o	or both, in the State of	ot Florida. I am familiar	with, and accept
SIGNATURE .	Signature, typed or printed name of registered age	nt and title if applicable.	NOTE: Registered Agent signs	ure required when reinstatin	g) [DATE	
Filing Fee is \$61.25 Due by May 1, 2005		l l	9. Election Campaign Financing Trust Fund Contribution.		lay Be Fees	Make check paya Florida Department	
10.	OFFICERS AND D	IRECTORS	11.	ADDITIONS	/CHANGES TO OF	FICERS AND DIRECTO	RS IN 10
TITLE	РП	☐ Delete	TITLE	7		□ Ct	ange X Addition
NAME	CORNETT, VICKI		NAME	Jim Ado	-M.5	•	
STREET ADDRESS	37195 ALICE ST.		STREET ADDRESS	12542 3	sunowa	Springs	
CITY-\$1-ZIP	HILLIAD, FL 32046		CITY-ST-ZIP			~	
				Bauca W	اسآ ما!	32009	
TITLE	VT BISHOP, DWAYNE M		T1T4 F	Brycevi	lle, Fl	32009	ones (ÎO Addition
NAME		☐ Delete	TITLE	lΤ '	_	3ఎ००१ □대	ange (1) Addition
STREET ADDRESS CITY-ST-ZIP	•	L) Delete	NAME	Cherul	Copps	Cr	ange 🐧 Addition
CITTATALE	18298 JOE HADDOCK RD.	i Delete	name Street address	Cheryl 17223 T	Copps Turkey Cr	cek Place	ange 🐧 Addition
1	18298 JOE HADDOCK RD. HILLIARD, FL 32046		NAME STREET ADDRESS CITY-ST-ZIP	Cherul	Copps Turkey Cr	eek Place	
TITLE	18298 JOE HADDOCK RD. HILLIARD, FL 32046 ST	☐ Delete	NAME STREET ADDRESS GITY-ST-ZIP TITLE	Cheryl 17223 T	Copps Turkey Cr	cek Place	
NAME	18298 JOE HADDOCK RD. HILLIARD, FL 32046 ST LAURENDINE, BENITA		NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Cheryl 17223 T	Copps Turkey Cr	eek Place	
NAME STREET ADDRESS	18298 JOE HADDOCK RD. HILLIARD, FL 32046 ST LAURENDINE, BENITA 27206 MISSOURI ST.		NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Cheryl 17223 T	Copps Turkey Cr	eek Place	
NAME STREET ADDRESS CITY+ST-ZIP	18298 JOE HADDOCK RD. HILLIARD, FL 32046 ST LAURENDINE, BENITA 27206 MISSOURI ST. HILLIARD, FL 32046	☐ Delicte	NAME STREET ADDRESS GITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Cheryl 17223 T	Copps Turkey Cr	C C O 46	iange 🔲 Addition
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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.

CITY-ST-ZIP

SIGNATURE: _

HILLIARD, FL 32046

CITY-ST-ZIP

VILLEU CONNECT 1 YE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICKI Cornett

4-26-05 904-845-1

Daytime Phone #