


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 03, 2006 08:00 AM**  
**Secretary of State**

**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
--	--



01312008 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 03-0424148	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**BRADDOCK, DALE**  
**ONE FLASHES AVENUE**  
**HILLIARD, FL 32046**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTT CORNETT, VICKI 37195 ALICE ST. HILLIARD, FL 32046
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	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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BISHOP, LISA 18298 JOE HADDOCK RD HILLIARD, FL 32046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LAURENDINE, BENITA 27206 MISSOURI ST HILLIARD, FL 32046

U00000490573  
 04/18/06-80062-007 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *Vicki Cornett* Vicki Cornett 3/30/06 904-845-1389  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #