

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000000455 (5)**

1. Corporation Name
HENDRY PUBLIC SCHOOLS FOUNDATION, INC.



Principal Place of Business: P.O. BOX 1980 LABELLE FL 33935
Mailing Address: P.O. BOX 1980 LABELLE FL 33935

3. Date Incorporated or Qualified: **01/31/1994**
3a. Date of Last Report: **03/03/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **65-0487714**
Applied For: Not Applicable:
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**UPTHEGROVE, EDWARD A
475 EAST OSCEOLA AVE.
CLEWISTON FL**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **2-6-96**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDC <input type="checkbox"/> DELETE	1.1 TITLE	C/P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UPTHEGROVE, EDWARD	1.2 NAME	
STREET ADDRESS	P.O. BOX 1980 N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	LABELLE FL 33935	1.4 CITY-ST-ZIP	
TITLE	DFD <input type="checkbox"/> DELETE	2.1 TITLE	S/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, HARRY	2.2 NAME	
STREET ADDRESS	P O BOX 1980 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	LABELLE FL	2.4 CITY-ST-ZIP	
TITLE	MEMT <input type="checkbox"/> DELETE	3.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGFORD, PAT	3.2 NAME	
STREET ADDRESS	P.O. BOX 1980 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	LABELLE FL	3.4 CITY-ST-ZIP	
TITLE	DFC <input type="checkbox"/> DELETE	4.1 TITLE	M <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERRYMAN, HOWARD	4.2 NAME	
STREET ADDRESS	P O BOX 1980 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	LABELLE FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Howard Berryman* **HOWARD BERRYMAN** DATE: **2-6-96** (941) 983-1511
Signature and typed or printed name of signing officer or director Daytime Phone #

CR2E037 (12/95)