

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 06 1998 8:00am  
Secretary of State**

|  |   |   |
|--|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT # N94000000455 (5)**  
1. Corporation Name  
**HENDRY PUBLIC SCHOOLS FOUNDATION, INC.**



|  |  |
|--|--|
| Principal Place of Business<br>P.O. BOX 1980<br>LABELLE FL 33935 | Mailing Address<br>P.O. BOX 1980<br>LABELLE FL 33935 |
|--|--|

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>01/31/1994</b> |  |
| 4. FEI Number<br><b>65-0487714</b>                     | Applied For<br><input type="checkbox"/> Not Applicable |

|   |  |
|---|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country |
|---|--|

|  |                                       |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00</b> May Be Added to Fees    |
| 7. Is this nonprofit corporation a homeowners association?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                       |                                       |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |                                       |

**9. Name and Address of Current Registered Agent**  
UPTHEGROVE, EDWARD A  
475 EAST OSCEOLA AVE.  
CLEWISTON FL

**10. Name and Address of New Registered Agent**  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

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:  **EDWARD A. UPTHEGROVE** DATE: **1/26/98**  
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                    | <input type="checkbox"/> DELETE |
|----------------------------|--------------------|---------------------------------|
| TITLE                      | CPD                |                                 |
| NAME                       | UPTHEGROVE, EDWARD |                                 |
| STREET ADDRESS             | P.O. BOX 1980 N/A  |                                 |
| CITY-ST-ZIP                | LABELLE FL         |                                 |
| TITLE                      | STD                |                                 |
| NAME                       | HALL, HARRY        |                                 |
| STREET ADDRESS             | P O BOX 1980 N/A   |                                 |
| CITY-ST-ZIP                | LABELLE FL         |                                 |
| TITLE                      | VD                 |                                 |
| NAME                       | LANGFORD, PAT      |                                 |
| STREET ADDRESS             | P.O. BOX 1980 N/A  |                                 |
| CITY-ST-ZIP                | LABELLE FL         |                                 |
| TITLE                      | M                  |                                 |
| NAME                       | BERRYMAN, HOWARD   |                                 |
| STREET ADDRESS             | P O BOX 1980 N/A   |                                 |
| CITY-ST-ZIP                | LABELLE FL         |                                 |
| TITLE                      |                    |                                 |
| NAME                       |                    |                                 |
| STREET ADDRESS             |                    |                                 |
| CITY-ST-ZIP                |                    |                                 |
| TITLE                      |                    |                                 |
| NAME                       |                    |                                 |
| STREET ADDRESS             |                    |                                 |
| CITY-ST-ZIP                |                    |                                 |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|---|--|---------------------------------|-----------------------------------|
| 1.1 TITLE   |  |                                 |                                   |
| 1.2 NAME  |  |                                 |                                   |
| 1.3 STREET ADDRESS                                    |  |                                 |                                   |
| 1.4 CITY-ST-ZIP                                       |  |                                 |                                   |
| 2.1 TITLE   |  |                                 |                                   |
| 2.2 NAME  |  |                                 |                                   |
| 2.3 STREET ADDRESS                                    |  |                                 |                                   |
| 2.4 CITY-ST-ZIP                                       |  |                                 |                                   |
| 3.1 TITLE   |  |                                 |                                   |
| 3.2 NAME  |  |                                 |                                   |
| 3.3 STREET ADDRESS                                    |  |                                 |                                   |
| 3.4 CITY-ST-ZIP                                       |  |                                 |                                   |
| 4.1 TITLE   |  |                                 |                                   |
| 4.2 NAME  |  |                                 |                                   |
| 4.3 STREET ADDRESS                                    |  |                                 |                                   |
| 4.4 CITY-ST-ZIP                                       |  |                                 |                                   |
| 5.1 TITLE   |  |                                 |                                   |
| 5.2 NAME  |  |                                 |                                   |
| 5.3 STREET ADDRESS                                    |  |                                 |                                   |
| 5.4 CITY-ST-ZIP                                       |  |                                 |                                   |
| 6.1 TITLE   |  |                                 |                                   |
| 6.2 NAME  |  |                                 |                                   |
| 6.3 STREET ADDRESS                                    |  |                                 |                                   |
| 6.4 CITY-ST-ZIP                                       |  |                                 |                                   |

14. 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 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:  **RECHARRI HALL** DATE: **1/26/98** DAYTIME PHONE # **(941) 674-4100**  
Signature and typed or printed name of signing officer or director

CR2E037 (10/97)