


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90060 001 ***122.50

DOCUMENT # N94000000455

1. Entity Name
HENDRY PUBLIC SCHOOLS FOUNDATION, INC.



Principal Place of Business Mailing Address

P.O. BOX 1980 **P.O. BOX 1980**
LABELLE FL 33935 **LABELLE FL 33975**

55002217



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CONNER, THOMAS W
25 E. HICKPOCHEE AVE.
LABELLE FL 33935


7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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  **Thomas W. Conner** DATE **1/6/03**

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

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	CPD	<input type="checkbox"/> Delete
NAME	CONNER, THOMAS W	
STREET ADDRESS	P.O. BOX 1980 N/A	
CITY-ST-ZIP	LABELLE FL	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	STINNETT, STEVE	
STREET ADDRESS	PO BOX 1980	
CITY-ST-ZIP	LABELLE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PERRY, JOHN JR.	
STREET ADDRESS	P.O. BOX 1980 N/A	
CITY-ST-ZIP	LABELLE FL	
TITLE	M	<input checked="" type="checkbox"/> Delete
NAME	SWAG, GORDON C	
STREET ADDRESS	P O BOX 1980 N/A	
CITY-ST-ZIP	LABELLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael Yavosik	
STREET ADDRESS	P.O. Box 1980	
CITY-ST-ZIP	Labelle, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gordon Swaggerty	
STREET ADDRESS	P.O. Box 1980	
CITY-ST-ZIP	Labelle, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  **Thomas W. Conner** DATE **1/6/03** **(863)674-4000**

CR2E037 (10/02)