FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **N95000001730 (9)**

1. Corporation Name

HAMILTON COUNTY PUBLIC SCHOOLS FOUNDATION, INC.

Principal Place of Business	Mailing Address
215 2ND AVE., N.E. JASPER FL 32052	215 2ND AVE., N.E. JASPER FL 32052

3. Date Incorporated or Qualified: 03/24/1995 ✓ | 3a. Date of Last Report:

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: ☐ 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

PARALEGAL AND ATTORNEY SERVICE BUREAU, INC
1406 HAYS STREET, STE. 2
TALLAHASSEE FL 32301

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 _____ DATE _____
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	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	TOLLE, CAROL		1.2 NAME		
STREET ADDRESS	RT. 2, BOX 171		1.3 STREET ADDRESS		
CITY-ST-ZIP	JASPER FL 32052		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, ISSAC		2.2 NAME		
STREET ADDRESS	RT. 1, BOX 161		2.3 STREET ADDRESS		
CITY-ST-ZIP	JASPER FL 32052		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CHANDLER, VIRGINIA B		3.2 NAME		
STREET ADDRESS	P.O. BOX 309		3.3 STREET ADDRESS		
CITY-ST-ZIP	JASPER FL 32052		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	FUESNER, MARION		4.2 NAME		
STREET ADDRESS	RT. 1, BOX 148-A		4.3 STREET ADDRESS		
CITY-ST-ZIP	JASPER FL 32052		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GRIFFIN, W. P JR.		5.2 NAME		
STREET ADDRESS	RT. 1, BOX 212		5.3 STREET ADDRESS		
CITY-ST-ZIP	JENNINGS FL 32053		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	PARKS, PATRICIA B		6.2 NAME		
STREET ADDRESS	RT. 2, BOX 160		6.3 STREET ADDRESS		
CITY-ST-ZIP	JASPER FL 32052		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)(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: Carol Tolle Carol Tolle 2-6-96 (904) 792-2251
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)