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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 32052-3205

3. Date Incorporated or Qualified: 03/24/1995
3a. Date of Last Report: 02/13/1996

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

4. FEI Number: NOT APPLICABLE ☐ 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: John W. Bullard John W. Bullard, Jr. Advisor 4/22/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	Treasurer President	☐ Change ☐ Addition
NAME	TOLLE, CAROL		1.2 NAME	Carole Tolle	
STREET ADDRESS	RT. 2, BOX 171		1.3 STREET ADDRESS	Rt. 2 Box 171	N/A
CITY-ST-ZIP	JASPER FL 32052		1.4 CITY-ST-ZIP	Jasper, Fl. 32052	
TITLE	V	☐ DELETE	2.1 TITLE	Vice President	☐ Change ☐ Addition
NAME	JOHNSON, ISSAC		2.2 NAME	Issac Johnson	
STREET ADDRESS	RT. 1, BOX 161		2.3 STREET ADDRESS	Rt. 1 Box 161	N/A
CITY-ST-ZIP	JASPER FL 32052		2.4 CITY-ST-ZIP	Jasper, Fl. 32052	
TITLE	S	☐ DELETE	3.1 TITLE	Secretary	☐ Change ☐ Addition
NAME	CHANDLER, VIRGINIA B		3.2 NAME	Virginia B. Chandler	
STREET ADDRESS	P.O. BOX 309		3.3 STREET ADDRESS	P.O. Box 309	N/A
CITY-ST-ZIP	JASPER FL 32052		3.4 CITY-ST-ZIP	Jasper, Fl. 32052	
TITLE	D	☐ DELETE	4.1 TITLE	Director	☐ Change ☐ Addition
NAME	FUESNER, MARION		4.2 NAME	Marion Fousner	
STREET ADDRESS	RT. 1, BOX 148-A		4.3 STREET ADDRESS	Rt. 1 Box 148-A	N/A
CITY-ST-ZIP	JASPER FL 32052		4.4 CITY-ST-ZIP	Jasper, Fl. 32052	
TITLE	D	☐ DELETE	5.1 TITLE	Director	☐ Change ☐ Addition
NAME	GRIFFIN, W. P JR.		5.2 NAME	W.P. Griffin, Jr.	
STREET ADDRESS	RT. 1, BOX 212		5.3 STREET ADDRESS	Rt. 1 Box 212	N/A
CITY-ST-ZIP	JENNINGS FL 32053		5.4 CITY-ST-ZIP	Jennings, Fl. 32053	
TITLE	D	☐ DELETE	6.1 TITLE	Patricia B. Parks	☐ Change ☐ Addition
NAME	PARKS, PATRICIA B		6.2 NAME	Rt. 2 Box 160	
STREET ADDRESS	RT. 2, BOX 160		6.3 STREET ADDRESS	Jasper, Fl. 32052	N/A
CITY-ST-ZIP	JASPER FL 32052		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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: Patricia B Parks Patricia B. Parks, Sup't. 4/4/97 (904) 792-6500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0000576