2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001730

FILED Apr 15, 2009 Secretary of State

Entity Name: HAMILTON COUNTY PUBLIC SCHOOLS FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

4280 SW CR, 152 JASPER, FL 32052

Current Mailing Address: New Mailing Address:

PO BOX 1059 JASPER, FL 32052

FEI Number: 59-3316429 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HAMILTON COUNTY SCHOOL BOARD
4280 SW COUNTY RD 152

JASPER, FL 32052 US

HAMILTON COUNTY SCHOOL BOARD
4280 SW COUNTY RD 152

JASPER, FLORIDA, FL 32052 US

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.

SIGNATURE: 04/15/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 ST () Delete
 Title:
 P (X) Change () Addition

 Name:
 BULLOCK, IMOGENE
 Name:
 WILLIAMS, MICHAEL D MR.

 Address:
 5683 US HWY 129
 Address:
 12638 ROBERTS STREET

 City-St-Zip:
 JASPER, FL 32052
 City-St-Zip:
 WHITE SPRINGS, FL 32096 US

Title: D () Delete Title: VP (X) Change () Addition Name: ADAMS, MARY Name: HOWELL, DELORES MRS

Address: 16693 SPRING ST Address: PO BOX 266

City-St-Zip: WHITE SPRINGS, FL 32096 City-St-Zip: WHITE SPRINGS, FL 32096 US

 Title:
 D
 () Delete
 Title:
 S
 (X) Change () Addition

 Name:
 JOHNSON, ISAAC
 Name:
 ZAMORA, NORMA MRS.

 Address:
 RT 1 BOX 161
 Address:
 5819 NW CR 143

 City-St-Zip:
 JASPER, FL 32052
 City-St-Zip:
 JENNINGS, FL 32053 US

Title: () Delete Title: T () Change (X) Addition

 Name:
 Name:
 REID, DEBBIE MRS.

 Address:
 Address:
 201 SE 2ND AVE

 City-St-Zip:
 City-St-Zip:
 JASPER, FL 32052 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL D. WILLIAMS P 04/15/2009