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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90240 018 \*\*\*\*61.25

**DOCUMENT # N95000001730**

1. Corporation Name

**HAMILTON COUNTY PUBLIC SCHOOLS FOUNDATION, INC.**

Principal Place of Business

215 2ND AVE., N.E.  
JASPER FL 32052

Mailing Address

215 2ND AVE., N.E.  
JASPER FL 32052



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 HAMILTON SCHOOL BOARD

Suite, Apt. #, etc.

27 P O Box 1059

City & State

28 JASPER, FL

Zip

29 32052

Country

30 HAMILTON

3. Date Incorporated or Qualified

03/24/1995

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

9. Name and Address of Current Registered Agent

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

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE P ☒ DELETE  
NAME TOLLE, CAROL  
STREET ADDRESS RT. 2, BOX 171  
CITY-ST-ZIP JASPER FL 32052

TITLE V ☒ DELETE  
NAME JOHNSON, ISSAC  
STREET ADDRESS RT. 1, BOX 161  
CITY-ST-ZIP JASPER FL 32052

TITLE S ☒ DELETE  
NAME CHANDLER, VIRGINIA B  
STREET ADDRESS P.O. BOX 309  
CITY-ST-ZIP JASPER FL 32052

TITLE D ☒ DELETE  
NAME FUESNER, MARION  
STREET ADDRESS RT. 1, BOX 148-A  
CITY-ST-ZIP JASPER FL 32052

TITLE D ☒ DELETE  
NAME GRIFFIN, W. P. JR.  
STREET ADDRESS RT. 1, BOX 212  
CITY-ST-ZIP JENNINGS FL 32053

TITLE D ☒ DELETE  
NAME PARKS, PATRICIA B  
STREET ADDRESS RT. 2, BOX 160  
CITY-ST-ZIP JASPER FL 32052

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ADVISOR, PRESIDENT ☒ Change ☐ Addition  
1.2 NAME W. P. GRIFFIN, JR.  
1.3 STREET ADDRESS 4274 NW 19TH TERRACE  
1.4 CITY-ST-ZIP JENNINGS, FLORIDA 32053

2.1 TITLE VICE PRESIDENT ☒ Change ☐ Addition  
2.2 NAME CAROL TOLLE  
2.3 STREET ADDRESS 9347 NW CR 148  
2.4 CITY-ST-ZIP JASPER, FLORIDA 32052

3.1 TITLE SECRETARY/TREASURER ☒ Change ☒ Addition  
3.2 NAME ANNE DEES (18430 SE CR 137)  
3.3 STREET ADDRESS P O Box 176  
3.4 CITY-ST-ZIP WHITE SPRINGS, FL 32096

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME PATRICIA PARKS  
4.3 STREET ADDRESS RT 2 Box 160  
4.4 CITY-ST-ZIP JASPER, FLORIDA 32052

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME CECIL ROWE  
5.3 STREET ADDRESS 208 FOURTH AVENUE NW  
5.4 CITY-ST-ZIP JASPER, FLORIDA 32052

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME ISAAC JOHNSON  
6.3 STREET ADDRESS RT 1 Box 161  
6.4 CITY-ST-ZIP JASPER, FLORIDA 32052

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANNE DEES, SECRETARY-TREASURER 4/15/99 904-792-0810

Date

Daytime Phone #

CR2E037 (11/98)