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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

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		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26	HAMILTON SCHOOL BOARD	03/24/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27	P O Box 1059	NOT APPLICABLE	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28	JASPER, FL	\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing <input type="checkbox"/>	
24		29	32052	Trust Fund Contribution <input type="checkbox"/>	
Country		Country		\$5.00 May Be Added to Fees	
25		30	HAMILTON		

9. Name and Address of Current Registered Agent				10. Name and Address of New 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

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 <input checked="" type="checkbox"/> DELETE	1.1 TITLE	ADVISOR, PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOLLE, CAROL	1.2 NAME	W. P. GRIFFIN, JR.
STREET ADDRESS	RT. 2, BOX 171	1.3 STREET ADDRESS	4274 NW 19TH TERRACE
CITY-ST-ZIP	JASPER FL 32052	1.4 CITY-ST-ZIP	JENNINGS, FLORIDA 32053
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, ISSAC	2.2 NAME	CAROL TOLLE
STREET ADDRESS	RT. 1, BOX 161	2.3 STREET ADDRESS	9347 NW CR 148
CITY-ST-ZIP	JASPER FL 32052	2.4 CITY-ST-ZIP	JASPER, FLORIDA 32052
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SECRETARY/TREASURER <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHANDLER, VIRGINIA B	3.2 NAME	ANNE DEES (18430 SE CR 137)
STREET ADDRESS	P.O. BOX 309	3.3 STREET ADDRESS	P O Box 176
CITY-ST-ZIP	JASPER FL 32052	3.4 CITY-ST-ZIP	WHITE SPRINGS, FL 32096
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUESNER, MARION	4.2 NAME	PATRICIA PARKS
STREET ADDRESS	RT. 1, BOX 148-A	4.3 STREET ADDRESS	RT 2 Box 160
CITY-ST-ZIP	JASPER FL 32052	4.4 CITY-ST-ZIP	JASPER, FLORIDA 32052
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFIN, W. P. JR.	5.2 NAME	CECIL ROWE
STREET ADDRESS	RT. 1, BOX 212	5.3 STREET ADDRESS	208 FOURTH AVENUE NW
CITY-ST-ZIP	JENNINGS FL 32053	5.4 CITY-ST-ZIP	JASPER, FLORIDA 32052
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKS, PATRICIA B	6.2 NAME	ISAAC JOHNSON
STREET ADDRESS	RT. 2, BOX 160	6.3 STREET ADDRESS	RT 1 Box 161
CITY-ST-ZIP	JASPER FL 32052	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: ANNE DEES SECRETARY-TREASURER 4/15/99 904-792-0810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)