

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000000455

**FILED**  
**Apr 30, 2021**  
**Secretary of State**  
**9416564577CC**

**Entity Name:** HENDRY PUBLIC SCHOOLS FOUNDATION, INC.

**Current Principal Place of Business:**

C/O TUESDAY TRITT  
300 E. SUGARLAND HWY  
CLEWISTON, FL 33440

**Current Mailing Address:**

P.O. BOX 1828  
CLEWISTON, FL 33440 US

**FEI Number: 65-0487714**

**Certificate of Status Desired: No**

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

TRITT, TUESDAY  
301 STATE ROAD 80  
LABELLE, FL 33935 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: TUESDAY TRITT**

**04/30/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BUSIN, STEPHANIE  
Address        P.O. BOX 1828  
City-State-Zip: CLEWISTON FL 33440

Title            TREASURER  
Name            CASTILLO, WENDY  
Address        PO BOX 1828  
City-State-Zip: CLEWISTON FL 33440

Title            VICE-PRESIDENT  
Name            ROSS, KIMBERLY  
Address        P.O. BOX 1828  
City-State-Zip: CLEWISTON FL 33440

Title            DIRECTOR  
Name            MACK, JOHN  
Address        P.O. BOX 1828  
City-State-Zip: CLEWISTON FL 33440

Title            DIRECTOR  
Name            PATEL, BHARET  
Address        P.O. BOX 1828  
City-State-Zip: CLEWISTON FL 33440

Title            DIRECTOR  
Name            TURNER, KARSON  
Address        P.O. BOX 1828  
City-State-Zip: CLEWISTON FL 33440

Title            DIRECTOR  
Name            TRITT, TUESDAY  
Address        P.O. BOX 1828  
City-State-Zip: CLEWISTON FL 33440

*I hereby 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 all other like empowered.*

**SIGNATURE: STEPHANIE BUSIN**

**PRESIDENT**

**04/30/2021**

Electronic Signature of Signing Officer/Director Detail

Date