

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000000455

**FILED**  
**Jan 09, 2015**  
**Secretary of State**  
**CC9755525538**

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

**Current Principal Place of Business:**

25 EAST HICKPOCHEE AVENUE  
LABELLE, FL 33935

**Current Mailing Address:**

P.O. BOX 1980  
LABELLE, FL 33975

**FEI Number:** 65-0487714

**Certificate of Status Desired:** No

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

PULETTI, PAUL K  
25 E. HICKPOCHEE AVE.  
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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title CPD  
Name PULETTI, PAUL K  
Address P.O. BOX 1980 N/A  
City-State-Zip: LABELLE FL

Title STD  
Name YANOSIK, MICHAEL  
Address PO BOX 1980  
City-State-Zip: LABELLE FL

Title VD  
Name BROWN, DEWAYNE E  
Address P.O. BOX 1980 N/A  
City-State-Zip: LABELLE FL

Title M  
Name SWAGGERTY, GORDON  
Address PO BOX 1980  
City-State-Zip: LABELLE FL

*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:** MICHAEL J YANOSIK

**CHIEF FINANCIAL  
OFFICER**

**01/09/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date