


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 09, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N00000004884</b> 1. Entity Name <b>WAKULLA HIGH SCHOOL BUILDING SCHOLARSHIP PROGRAM, INC.</b>	
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Principal Place of Business <b>860 REHWINKLE RD CRAWFORDVILLE, FL 32327</b>	Mailing Address <b>860 REHWINKLE RD CRAWFORDVILLE, FL 32327</b>
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07152005 No Chg-NP CR2E037 (10/03)

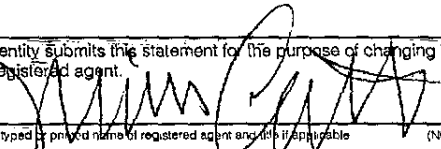
**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3719753</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  <b>CARTER, MIKE ESQ. 3047 CRAWFORDVILLE HWY CRAWFORDVILLE, FL 32326</b>
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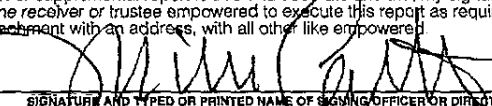
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  (NOTE: Registered Agent signature required when re-filing) 8/1/5 DATE
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<b>Filing Fee is \$61.25 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CARTER, R.H. JR 860 REHWINKLE RD CRAWFORDVILLE, FL 32327
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DODSON, SUSAN 113 HARVEY MILL RD CRAWFORDVILLE, FL 32327
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CARTER, MIKE 77 FRANK JONES RD CRAWFORDVILLE, FL 32327
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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U00000376016  
08/09/05-80002-014 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.  SIGNATURE:  8/1/5 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
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