

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90022 041 ****61.25

DOCUMENT # N01000001211

1. Entity Name
**HILLIARD MIDDLE-SENIOR HIGH SCHOOL
EDUCATIONAL FOUNDATION, INC.**



Principal Place of Business
**P.O. BOX 1583
HILLIARD, FL 32046**

Mailing Address
**P.O. BOX 1583
HILLIARD, FL 32046**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04082004

Chg-NP

CR2E037 (10/03)

4. FEI Number
03-0424148

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BRADDOCK, DALE
ONE FLASHES AVENUE
HILLIARD, FL 32046**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PT ☐ Delete
NAME BISHOP, DWAYNE M
STREET ADDRESS 18298 JOE HADDOCK RD
CITY-ST-ZIP HILLIARD, FL 32046

TITLE VT ☒ Delete
NAME LIBBY, ROSS E JR
STREET ADDRESS 47944 TURKEY TOWN LANE
CITY-ST-ZIP HILLIARD, FL 32046

TITLE SD ☒ Delete
NAME NELSON, GARVIN E JR.
STREET ADDRESS 19653 CAPITAL DR
CITY-ST-ZIP HILLIARD, FL 32046

TITLE TT ☐ Delete
NAME CORNETT, VICKI
STREET ADDRESS 37195 ALICE ST
CITY-ST-ZIP HILLIARD, FL 32046

TITLE T ☐ Delete
NAME BISHOP, LISA
STREET ADDRESS 18298 JOE HADDOCK RD
CITY-ST-ZIP HILLIARD, FL 32046

TITLE T ☐ Delete
NAME LAURENDINE, BENITA
STREET ADDRESS 27206 MISSOURI ST
CITY-ST-ZIP HILLIARD, FL 32046

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PTT ☒ Change ☐ Addition
NAME CORNETT, VICKI
STREET ADDRESS 37195 ALICE ST
CITY-ST-ZIP HILLIARD, FL 32046

TITLE VT ☒ Change ☐ Addition
NAME BISHOP, DWAYNE M.
STREET ADDRESS 18298 JOE HADDOCK RD
CITY-ST-ZIP HILLIARD, FL 32046

TITLE ST ☒ Change ☐ Addition
NAME LAURENDINE, BENITA
STREET ADDRESS 27206 MISSOURI ST
CITY-ST-ZIP HILLIARD, FL 32046

TITLE T ☐ Change ☒ Addition
NAME ADAMS, JIM
STREET ADDRESS 12542 SUNOWA SPRINGS
CITY-ST-ZIP BRYCEVILLE, FL 32009

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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:

Vicki Cornett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICKI CORNETT

4-8-04

904-845-1389

Date

Daytime Phone #