

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007388

FILED
Jan 25, 2008
Secretary of State

Entity Name: MCINTOSH AREA SCHOOL, INCORPORATED

Current Principal Place of Business:

20400 10TH STREET/AVENUE I
MCINTOSH, FL 32664 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 769
MCINTOSH, FL 32664 US

New Mailing Address:

FEI Number: 51-0428359

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANE, SHIRLEY
20549 9TH STREET
MCINTOSH, FL 32664 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DIR () Delete
Name: NELSON, HENRY
Address: P.O. BOX 583
City-St-Zip: MCINTOSH, FL 32664 US

Title: DIR () Delete
Name: JUNE, GLASS
Address: P.O. BOX 769
City-St-Zip: MCINTOSH, FL 32664 US

Title: DIR () Delete
Name: BAZEMORE, J.L.
Address: P.O. BOX 739
City-St-Zip: MCINTOSH, FL 32664 US

Title: DIR () Delete
Name: SMITH, JOEDY
Address: P.O. BOX 460
City-St-Zip: MCINTOSH, FL 32664 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DIR () Change (X) Addition
Name: BROWN, CELESTE
Address: P.O. BOX 356
City-St-Zip: MCINTOSH, FL 32664 US

Title: DIR () Change (X) Addition
Name: KELLY, MARY
Address: P.O. BOX 105
City-St-Zip: MCINTOSH, FL 32664 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SHIRLEY LANE

MS

01/25/2008

Electronic Signature of Signing Officer or Director

Date