


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 20, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000003656 1. Entity Name YULEE HIGH SCHOOL FOUNDATION, INC.	
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Principal Place of Business 85375 MINER RD YULEE, FL 32097	Mailing Address PO BOX-160 YULEE, FL 32041
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07162007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-5345460	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CLARK, ELIZABETH 85746 BOSTICK WOOD DR FERNANDINA BEACH, FL 32034
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IN THIS SPACE**

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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee Is \$81.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLARK, ELIZABETH 85746 BOSTICK WOOD DR. FERNANDINA BEACH, FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LINDBERG, RANDY 86094 MORICHES DR FERNANDINA BEACH, FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CREAMER, MURIEL 33292 SUNNY PARKE CIR FERNANDINA BEACH, FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LITTLE, DEBBIE 1412 STEVEN RD FERNANDINA BEACH, FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRANDA, TONY 96071 BLACKROCK RD YULEE, FL 32097
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DICKINSON, TERESA 86148 SAILING MEADOWS AVE YULEE, FL 32097

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07/20/07-80007-010 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Elizabeth Clark 7/17/07 904-225-1928
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #