

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 16 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N30016 (2)**

1. Corporation Name  
**FERNANDINA BEACH HIGH SCHOOL ALUMNI ASSOCIATION, INC.**

Principal Place of Business <b>515 CITRONA DRIVE                  FERNANDINA BEACH FL 32034</b>	Mailing Address <b>POST OFFICE BOX 84                  FERNANDINA BEACH FL 32035-0084                  US</b>
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2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 25 Suite, Apt #, etc. 26 City & State 27 Zip 28 Country 29	30
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3. Date Incorporated or Qualified <b>12/30/1988</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-2849150</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**POOLE, WESLEY R.  
 303 CENTRE STREET, SUITE #200  
 PO BOX P  
 FERNANDINA BEACH FL 32034**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WALLACE, ANGELA S	
STREET ADDRESS	1429 SADLER ROAD	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	PED	<input type="checkbox"/> DELETE
NAME	BEAN, AARON	
STREET ADDRESS	514 S 14TH STREET	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MORRIS, LAURA	
STREET ADDRESS	843 LAURA STREET	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BERNHARD, DEBBIE	
STREET ADDRESS	2002 HIGHLAND DRIVE	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Angela S. Wallace Angela S. Wallace Apr 28, 97 (904) 261-5914

CR2E037 (9/96)