

FILE NOW: FILING FEE IS \$61.25

FILED

May 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam 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 515 CITRONA DRIVE FERNANDINA BEACH FL 32034	Mailing Address POST OFFICE BOX 84 FERNANDINA BEACH FL 32035 US
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3. Date Incorporated or Qualified 12/30/1988	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number 59-2949150		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" 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 FL 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLACE, ANGELA S	1.2 NAME	
STREET ADDRESS	1429 SADLER ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	1.4 CITY-ST-ZIP	
TITLE	POD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEAN, AARON	2.2 NAME	
STREET ADDRESS	514 S 14TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, LAURA	3.2 NAME	
STREET ADDRESS	843 LAURA STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNHARD, DEBBIE	4.2 NAME	
STREET ADDRESS	2002 HIGHLAND DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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

Mar 28, 98

(904) 261-5914

CP2E037 (10/97)