

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90262 025 ****61.25

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DOCUMENT # N30016

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

12/30/1988

4. FEI Number

59-2949150

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

TITLE PD
NAME WALLACE, ANGELA S
STREET ADDRESS 1429 SADLER ROAD
CITY-ST-ZIP FERNANDINA BEACH FL 32034 ☒ DELETE

TITLE PED
NAME BEAN, AARON
STREET ADDRESS 514 S 14TH STREET
CITY-ST-ZIP FERNANDINA BEACH FL 32034 ☒ DELETE

TITLE SD
NAME MORRIS, LAURA
STREET ADDRESS 843 LAURA STREET
CITY-ST-ZIP FERNANDINA BEACH FL 32034 ☒ DELETE

TITLE TD
NAME BERNHARD, DEBBIE
STREET ADDRESS 2002 HIGHLAND DRIVE
CITY-ST-ZIP FERNANDINA BEACH FL 32034 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME JIM BURNS
1.3 STREET ADDRESS 28 N. 4th Street
1.4 CITY-ST-ZIP FERNANDINA BEACH; FL 32034 ☒ Change ☐ Addition

2.1 TITLE VD
2.2 NAME BETTY NIELSEN
2.3 STREET ADDRESS 287 MARSH LAKES DRIVE
2.4 CITY-ST-ZIP FERNANDINA BEACH; FL 32034 ☒ Change ☐ Addition

3.1 TITLE SD
3.2 NAME Gail Cook
3.3 STREET ADDRESS 1708 Phillips Manor Rd.
3.4 CITY-ST-ZIP FERNANDINA BEACH; FL 32034 ☒ Change ☐ Addition

4.1 TITLE TD
4.2 NAME Stephanie Hickox
4.3 STREET ADDRESS 2633 S. 14th Street
4.4 CITY-ST-ZIP FERNANDINA BEACH; FL 32034 ☒ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

Stephanie Hickox
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Stephanie Hickox 4/26/99 904-261-3350
Date Daytime Phone #

CR2E037 (11/98)