FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 27 AM 11:11

DOCUMENT # **N38041** **(2)**

1. Corporation Name
SUMTER COUNTY SCHOOL BOARD FOUNDATION, INC.

Principal Place of Business	Mailing Address
% DR. PRESTON O.R. MORGAN 202 N FLORIDA STREET BUSHNELL FL 33513	% DR. PRESTON O.R. MORGAN 202 N FLORIDA STREET BUSHNELL FL 33513

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/04/1990
3a. Date of Last Report: 02/03/1994
4. FEI Number: 59-3015146 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Bushnell, FL 33513	26
Suite, Apt. #, etc. 22 2680 WC 476	Suite, Apt. #, etc. 27
City & State 23 Bushnell, FL	City & State 28
Zip / Country 24 33513 / 25 US	Zip / Country 29 / 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MORGAN, DR. PRESTON O.R. 202 N FLORIDA STREET BUSHNELL FL 33513	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 2680 WC 476 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☒ Change ☐ Addition
NAME	BARNES, ALFRED D	12 NAME		
STREET ADDRESS	202 N. FLORIDA STREET	13 STREET ADDRESS	2680 WC 476	
CITY-ST-ZIP	BUSHNELL FL 33513	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☒ Change ☐ Addition
NAME	EDWARDS, JAMES R	22 NAME	Linda J. Winchester	
STREET ADDRESS	202 N. FLORIDA STREET	23 STREET ADDRESS	2680 WC 476	
CITY-ST-ZIP	BUSHNELL FL 33513	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☒ Change ☐ Addition
NAME	PITTS, JOANN W	32 NAME	Michael T. Foote	
STREET ADDRESS	202 N. FLORIDA STREET	33 STREET ADDRESS	2680 WC 476	
CITY-ST-ZIP	BUSHNELL FL 33513	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☒ Change ☐ Addition
NAME	NORRIS, CHRISTINE	42 NAME		
STREET ADDRESS	202 N. FLORIDA STREET	43 STREET ADDRESS	2680 WC 476	
CITY-ST-ZIP	BUSHNELL FL 33513	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☒ Change ☐ Addition
NAME	CARUTHERS, C. AUBREY	52 NAME	Janet S. Yeat	
STREET ADDRESS	202 N. FLORIDA STREET	53 STREET ADDRESS	2680 WC 476	
CITY-ST-ZIP	BUSHNELL FL 33513	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☒ Change ☐ Addition
NAME	MORGAN, PRESTON O.R.	62 NAME		
STREET ADDRESS	202 N. FLORIDA STREET	63 STREET ADDRESS	2680 WC 476	
CITY-ST-ZIP	BUSHNELL FL 33513	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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: _____ 2/3/94 904-793-2315
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0087102

N88041

83367

STATE OF FLORIDA
DEPARTMENT OF REVENUE
CONSUMER'S CERTIFICATE OF EXEMPTION
Issued Pursuant to Sales and Use Tax Law
Chapter 212, Florida Statutes
This Certificate is Non-Transferable

ISSUE DATE	EXPIRATION DATE	CERTIFICATE NUMBER	TYPE OF ORGANIZATION
02/16/93	02/16/98	70-01-004582-53C	COUNTY

This is to certify that the organization indicated below is hereby exempt from the payment of Sales or Use Tax on the purchase or lease of tangible personal property, the lease of transient rental accommodations or real property.

Mailing Address:

SUMTER COUNTY SCHOOL BOARD
202 N FLA ST
BUSHNELL FL 33513-9401

Location Address:

202 N FLA ST
BUSHNELL FL 33513-940

[redacted]
EXECUTIVE DIRECTOR
L. H. FUCHS

SEE REVERSE SIDE FOR IMPORTANT INFORMATION.