

FILE NOW: FILING FEE IS \$61.25

FILED

**Apr 07 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N40988 (0)

1. Corporation Name
MARIANNA HIGH SCHOOL FOUNDATION, INC.



Principal Place of Business 2979 DANIEL STREET MARIANNA FL 32446 US	Mailing Address PO BOX 6183 MARIANNA FL 32447-6183 US
---	---

3. Date Incorporated or Qualified 11/15/1990	3a. Date of Last Report 05/28/1996
4. FEI Number 59-3124063	Applied For <input type="checkbox"/> Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Zip	25. Country
29. Zip	30. Country

9. Name and Address of Current Registered Agent

**SWEARINGEN, GLENDA F.
4431 LAFAYETTE ST
MARIANNA FL 32446**

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 **FL**

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	P <input type="checkbox"/> DELETE
NAME	FREE, RANDY
STREET ADDRESS	3541 OLD US ROAD
CITY - ST - ZIP	MARIANNA FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	WIMBERLY, REX
STREET ADDRESS	4421 SPRING VALLEY RD
CITY - ST - ZIP	MARIANNA FL
TITLE	S <input type="checkbox"/> DELETE
NAME	GRANT, BARBARA
STREET ADDRESS	P O BOX 207
CITY - ST - ZIP	MARIANNA FL
TITLE	T <input type="checkbox"/> DELETE
NAME	MILLER, JILL
STREET ADDRESS	PO BOX 399 N/A
CITY - ST - ZIP	MALONE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	GRANT, BILLY
STREET ADDRESS	4376 WILTON ST
CITY - ST - ZIP	MARIANNA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	FRANK, FRANK
STREET ADDRESS	2846-B REMINGTON GREEN CIR
CITY - ST - ZIP	TALLAHASSEE FL

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D FRANK, JAMES
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)(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: [Signature] **3 20 97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)