

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 22, 1999 8:00 am
Secretary of State

04-22-1999 90064 041 ****61.25

DOCUMENT # **N40988**

1. Corporation Name

MARIANNA HIGH SCHOOL FOUNDATION, INC.

Principal Place of Business

2979 DANIEL STREET
MARIANNA FL 32446
US

Mailing Address

PO BOX 6193
MARIANNA FL 32447
US

* 3 8 5 1 1 6 *

385116 - 90064 - 41



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

11/15/1990

4. FEI Number

59-3124063

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

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

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 ☐ DELETE

NAME **P**
FREE, RANDY
STREET ADDRESS **3541 OLD US ROAD**
CITY-ST-ZIP **MARIANNA FL**

TITLE ☐ DELETE

NAME **VP**
WIMBERLY, REX
STREET ADDRESS **4421 SPRING VALLEY RD**
CITY-ST-ZIP **MARIANNA FL**

TITLE ☐ DELETE

NAME **S**
GRANT, BARBARA
STREET ADDRESS **P O BOX 207**
CITY-ST-ZIP **MARIANNA FL**

TITLE ☐ DELETE

NAME **T**
MILLER, JILL
STREET ADDRESS **PO BOX 399 N/A**
CITY-ST-ZIP **MALONE FL**

TITLE ☐ DELETE

NAME **D**
GRANT, BILLY
STREET ADDRESS **4376 WILTON ST**
CITY-ST-ZIP **MARIANNA FL**

TITLE ☐ DELETE

NAME **D**
FRANK, JAMES
STREET ADDRESS **2846-B REMINGTON GREEN CIR**
CITY-ST-ZIP **TALLAHASSEE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

Randy Free
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/99
Date

850-482-9666
Daytime Phone #

CR2E037 (11/98)