

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N40988

1. Entity 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

FILED

04 SEP -8 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08112004 No Chg-NP

CR2E037 (10/03)

MRS

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3124063

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

200041132862
09/17/04--01086--025 **70.00

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRANK, JAMES 1965 Capital Circle N.E. #102 Tallahassee, Florida 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WIMBERLY, REX 4421 SPRING VALLEY RD MARIANNA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HUGHES, KAREN 2996 DONIELS ST MARIANNA, FL 32446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MILLER, JILL PO BOX 399 N/A MALONE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRANT, BILLY 4376 WILTON ST MARIANNA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREE, RANDY 4901 BALLYGAN TALLAHASSEE, FL 32309

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

James W. Frank

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES W. FRANK, PRES.

Date

850-893-9535

8/13/2004

Daytime Phone #