

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90088 008 ****67.50

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**

62000000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3124063**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" 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 checked="" 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 checked="" type="checkbox"/> Delete
NAME	FRANK, JAMES	
STREET ADDRESS	2846-B REMINGTON GREEN CIR	
CITY-ST-ZIP	TALLAHASSEE FL	

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James Frank	
STREET ADDRESS	2846-B Remington Green Cir	
CITY-ST-ZIP	Tallahassee, FL	
TITLE	(S) Karen Hughes	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2996 Daniels St	
STREET ADDRESS	Marianna, FL 32446	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Randy Free	
STREET ADDRESS	4901 Billygan	
CITY-ST-ZIP	Tallahassee, FL 32309	

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: **SIGNATURE REQUIRED**

1-20-03

750 482-9666

CR2E037 (10/02)