

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 30, 2005 8:00 am
Secretary of State

06-30-2005 90003 014 ****61.25

DOCUMENT # N43152

1. Entity Name
SNEADS HIGH SCHOOL FOUNDATION, INC.



Principal Place of Business
SNEADS HIGH SCHOOL
8066 OLD SPANISH TRAIL
SNEADS, FL 32460

Mailing Address
7839 HOWELL ROAD
SNEADS, FL 32460

DO NOT WRITE IN THIS SPACE



06192005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3135397

Applied For
☐ **Not Applicable**

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

BEAUCHAMP, ANTHONY K
7839 HOWELL ROAD
SNEADS, FL 32460

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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 reconstituting)

DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME OWNES, STACY
STREET ADDRESS 8160 RENEGADE PASS
CITY-ST-ZIP SNEADS, FL 32460

TITLE VD
NAME EDWARDS, JAMES EARL
STREET ADDRESS 500 W. MANOR
CITY-ST-ZIP MARIANNA, FL

TITLE VD
NAME DICKSON, PATRICIA
STREET ADDRESS PO BOX 292 N/A
CITY-ST-ZIP SNEADS, FL

TITLE SD
NAME MCCORD, RHEA
STREET ADDRESS 2078 GARY AVENUE
CITY-ST-ZIP SNEADS, FL 32460

TITLE TD
NAME BEAUCHAMP, TONY
STREET ADDRESS 7839 HOWELL ROAD
CITY-ST-ZIP SNEADS, FL 32460

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: *Anthony K Beauchamp* **Anthony K Beauchamp** 6-23-05 850-593-6882

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Overtime Phone #