



**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 24, 2006 08:00 AM
Secretary of State

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			
		05082006 No Chg-NP CR2E037 (4/06)	
		4. FEI Number 59-3135397	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BEAUCHAMP, ANTHONY K 7839 HOWELL ROAD SNEADS, FL 32460		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000565991 05/24/06-80004-005 61.25
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OWNES, STACY 8160 RENEGADE PASS SNEADS, FL 32460		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EDWARDS, JAMES EARL 500 W. MANOR MARIANNA, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DICKSON, PATRICIA PO BOX 292 N/A SNEADS, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCCORD, RHEA 2078 GARY AVENUE SNEADS, FL 32460		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BEAUCHAMP, TONY 7839 HOWELL ROAD SNEADS, FL 32460		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Anthony K. Beauchamp</u>		Date: <u>5-8-06</u> 850-593-6576	