


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90032 015 ****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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3135397	
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			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	PD OWNES, STACY 8160 RENEGADE PASS SNEADS, FL 32460	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P James Alday 2751 Appalachee Trail Marianna, FL 32446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EDWARDS, JAMES EARL 500 W. MANOR MARIANNA, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DICKSON, PATRICIA PO BOX 292 N/A SNEADS, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCCORD, RHEA 2078 GARY AVENUE SNEADS, FL 32460	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BEAUCHAMP, TONY 7839 HOWELL ROAD SNEADS, FL 32460	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Anthony K. Beauchamp</i>				Anthony K. Beauchamp, Treasurer	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small> 4-22-07	
<small>Daytime Phone #</small>				850-593-6576	

40095616



04012007 Chg-NP CR2E037 (12/06)

ATTACHMENT

40095612

#N43152

Changes to Officers/Directors, Sneads High School Foundation, Inc.

- P James Alday
2751 Appalachee Trail
Marianna, FL 32446
- V James Earl Edwards
500 W. Manor
Marianna, FL
- V Patricia Dickson
P. O. Box 292
2070 Dairy Road
Sneads, FL 32460
- S Rhea McCord
7996 Shady Grove Road
Grand Ridge, FL 32442
- T Tony Beauchamp
7839 Howell Road
Sneads, FL 32460
- D Brett Hewett
7245 Hwy 90
Grand Ridge, FL 32442
- D Travis Howell
2749 Lawrence Road
Marianna, FL 32446
- ~~D James Melzer~~
2078 Dairy Road
Sneads, FL 32460
- D Billy Dean
4369 Lakewood Dr.
Marianna, FL 32448
- D Pat Kilpatrick
2250 Kilpatrick Lane
Sneads, FL 32460

CALL TONY BEAUCHAMP
850 593 6576
FOR MORE INFO. IF NEEDED