

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43152

FILED
May 11, 2009
Secretary of State

Entity Name: SNEADS HIGH SCHOOL FOUNDATION, INC.

Current Principal Place of Business:

SNEADS HIGH SCHOOL
8066 OLD SPANISH TRAIL
SNEADS, FL 32460

New Principal Place of Business:

Current Mailing Address:

7839 HOWELL ROAD
SNEADS, FL 32460

New Mailing Address:

FEI Number: 59-3135397 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BEAUCHAMP, ANTHONY K
7839 HOWELL ROAD
SNEADS, FL 32460 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ALDAY, JAMES
Address: 2751 APPALACHEE TRAIL
City-St-Zip: MARIANNA, FL 32446

Title: VD () Delete
Name: EDWARDS, JAMES EARL
Address: 500 W. MANOR
City-St-Zip: MARIANNA, FL

Title: VD (X) Delete
Name: DICKSON, PATRICIA
Address: PO BOX 292 N/A
City-St-Zip: SNEADS, FL

Title: SD () Delete
Name: MCCORD, RHEA
Address: 2078 GARY AVENUE
City-St-Zip: SNEADS, FL 32460

Title: TD () Delete
Name: BEAUCHAMP, TONY
Address: 7839 HOWELL ROAD
City-St-Zip: SNEADS, FL 32460

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: BEAUCHAMP, ANTHONY K
Address: 7839 HOWELL ROAD
City-St-Zip: SNEADS, FL 32460

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY K. BEAUCHAMP

TD

05/11/2009

Electronic Signature of Signing Officer or Director

Date