

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N46920

**FILED**  
**May 10, 2011**  
**Secretary of State**

**Entity Name:** THE EDUCATION FOUNDATION OF GILCHRIST COUNTY, INC.

**Current Principal Place of Business:**

310 NW 11TH AVENUE  
TRENTON, FL 32693 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1816  
TRENTON, FL 32693 US

**New Mailing Address:**

**FEI Number:** 59-3128327

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

THOMAS, JULIE C  
HWY 26 112 SOUTH MAIN STREET  
TRENTON, FL 32693 US

**Name and Address of New Registered Agent:**

THOMAS, JULIE C  
112 SOUTH MAIN STREET  
TRENTON, FL 32693 US

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: JULIE C. THOMAS

05/10/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: THOMAS, JULIE C  
Address: 112 SOUTH MAIN ST.  
City-St-Zip: TRENTON, FL 32693

Title: VP  
Name: LEGGETT, DAMON  
Address: P.O. BOX 1413  
City-St-Zip: TRENTON, FL 32693

Title: TD  
Name: LANCASTER, DEEN  
Address: 605 N MAIN ST  
City-St-Zip: CHIEFLAND, FL 32626

Title: S  
Name: TALLEY, DAN  
Address: 6839 SOUTHWEST 41ST STREET  
City-St-Zip: BELL, FL 32619

I hereby 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 all other like empowered.

SIGNATURE: JULIE C. THOMAS

P

05/10/2011

Electronic Signature of Signing Officer or Director

Date