FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
95 MAY 21 AM 8:17

DOCUMENT # N93000005790 (1)

1. Corporation Name

THE MAYHAW SCHOOL COMMUNITY ORGANIZATION, INC.

Principal Place of Business	Mailing Address
PO BOX 623 BLOUNTSTOWN FL 32424	PO BOX 623 BLOUNTSTOWN FL 32424

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/28/1993	3a. Date of Last Report: 06/02/1994
4. FEI Number: 59-3236261	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26 P.O. Box 623
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Blountstown, Fl	City & State 28 Blountstown, Fl
Zip 24 32424 Country 25 Calhoun	Zip 29 32424 Country 30 Calhoun

9. Name and Address of Current Registered Agent

SHEARD, GERALDINE B
SHEARDS ROAD
BLOUNTSTOWN FL 32424

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	11 TITLE		☐ Change ☐ Addition
NAME	MING, FULLER	12 NAME		
STREET ADDRESS	418 AZALEA AVE	13 STREET ADDRESS		
CITY-ST-ZIP	BLOUNTSTOWN FL	14 CITY-ST-ZIP		
TITLE	S	21 TITLE	T	☒ Change ☐ Addition
NAME	DAWSON, ANNIE J	22 NAME	Don Wilson	
STREET ADDRESS	PO BOX 672 N/A	23 STREET ADDRESS	722 Boyd St	
CITY-ST-ZIP	BLOUNTSTOWN FL	24 CITY-ST-ZIP	Blountstown, Fl 32424	
TITLE	T	31 TITLE	Secretary/D	☒ Change ☐ Addition
NAME	BARNES, EARLENE	32 NAME	Barnes, Earlene	
STREET ADDRESS	PO BOX 425 N/A	33 STREET ADDRESS	344 Lockwood Ave.	
CITY-ST-ZIP	BLOUNTSTOWN FL	34 CITY-ST-ZIP	Blountstown, Fl 32424	
TITLE	T	41 TITLE		☐ Change ☐ Addition
NAME	HAWKINS, JAMES	42 NAME		
STREET ADDRESS	602 RIVER STREET	43 STREET ADDRESS		
CITY-ST-ZIP	BLOUNTSTOWN FL 32424	44 CITY-ST-ZIP		
TITLE	T	51 TITLE	D	☒ Change ☐ Addition
NAME	BAKER, ANNA B	52 NAME	Baker, Anna B	
STREET ADDRESS	%PO BOX 623 N/A	53 STREET ADDRESS	1010 Palm St.	
CITY-ST-ZIP	BLOUNTSTOWN FL 32424	54 CITY-ST-ZIP	Blountstown, Fl 32424	
TITLE	P	61 TITLE	President/D	☒ Change ☐ Addition
NAME	SHEARD, GERALDINE B	62 NAME	Sheard, Geraldine B	
STREET ADDRESS	%PO BOX 623 N/A	63 STREET ADDRESS	Sheards Road	
CITY-ST-ZIP	BLOUNTSTOWN FL 32424	64 CITY-ST-ZIP	Blountstown, FL 32424	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 the report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Geraldine B Sheard (Geraldine B Sheard) 5/24/95 (904)674-8234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0029755