

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSFILED
Feb 10 1997 8:00am
Secretary of State**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 32424-0623**3. Date Incorporated or Qualified
12/28/19933a. Date of Last Report
03/21/1996

2. Principal Place of Business

2a. Mailing Address

21**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22**27**

City & State

City & State

23**28**

Zip

Country

Zip

Country

24**25****29****30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHEARD, GERALDINE B
SHEARDS ROAD
BLOUNTSTOWN FL 32424**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Geraldine B Sheard (Geraldine B Sheard)***2/5/97**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE**V
MING, FULLER
418 AZALEA AVE
BLOUNTSTOWN FL**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ AdditionTITLE ☐ DELETE**T
WILSON, DON
722 BOYD ST
BLOUNTSTOWN FL**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ AdditionTITLE ☐ DELETE**SD
BARNES, EARLENE
314 LOCKWOOD AVE
BLOUNTSTOWN FL**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ AdditionTITLE ☐ DELETE**T
HAWKINS, JAMES
602 RIVER STREET
BLOUNTSTOWN FL 32424**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ AdditionTITLE ☐ DELETE**D
BAKER, ANNA B
1010 PALM ST
BLOUNTSTOWN FL**

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ AdditionTITLE ☐ DELETE**PD
SHEARL, GERALDINE B
SHEARDS RD
BLOUNTSTOWN FL**

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 this 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)* **2/5/97 (904) 674-8234**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #0000000

CR2E037 (9/96)