

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000005790 (1)**

1. Corporation Name

THE MAYHAW SCHOOL COMMUNITY ORGANIZATION, INC.



Principal Place of Business PO BOX 623 BLOUNTSTOWN FL 32424	Mailing Address PO BOX 623 BLOUNTSTOWN FL 32424
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3. Date Incorporated or Qualified
12/28/1993

4. FEI Number
59-3236261

Applied For
Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

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 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 DATE 1/8/98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	V MING, FULLER
STREET ADDRESS	418 AZALEA AVE
CITY-ST-ZIP	BLOUNTSTOWN FL
TITLE	<input type="checkbox"/> DELETE
NAME	T WILSON, DON
STREET ADDRESS	722 BOYD ST
CITY-ST-ZIP	BLOUNTSTOWN FL
TITLE	<input type="checkbox"/> DELETE
NAME	SD BARNES, EARLENE
STREET ADDRESS	314 LOCKWOOD AVE
CITY-ST-ZIP	BLOUNTSTOWN FL
TITLE	<input type="checkbox"/> DELETE
NAME	T HAWKINS, JAMES
STREET ADDRESS	602 RIVER STREET
CITY-ST-ZIP	BLOUNTSTOWN FL 32424
TITLE	<input type="checkbox"/> DELETE
NAME	D BAKER, ANNA B
STREET ADDRESS	1010 PALM ST
CITY-ST-ZIP	BLOUNTSTOWN FL
TITLE	<input type="checkbox"/> DELETE
NAME	PD SHEARL, GERALDINE B
STREET ADDRESS	SHEARDS RD
CITY-ST-ZIP	BLOUNTSTOWN FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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

1/8/98

850-674-8234

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 00000000

CR2E037 (10/97)