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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000005790

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified
12/28/1993

4. FEI Number
59-3236261

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

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

(NOTE: Registered Agent signature required when reinstating)

1/31/99
DATE

12. OFFICERS AND DIRECTORS

TITLE V ☐ DELETE
NAME MING, FULLER
STREET ADDRESS 418 AZALEA AVE
CITY-ST-ZIP BLOUNTSTOWN FL

TITLE T ☐ DELETE
NAME WILSON, DON
STREET ADDRESS 722 BOYD ST
CITY-ST-ZIP BLOUNTSTOWN FL

TITLE SD ☐ DELETE
NAME BARNES, EARLENE
STREET ADDRESS 314 LOCKWOOD AVE
CITY-ST-ZIP BLOUNTSTOWN FL

TITLE T ☐ DELETE
NAME HAWKINS, JAMES
STREET ADDRESS 602 RIVER STREET
CITY-ST-ZIP BLOUNTSTOWN FL 32424

TITLE D ☐ DELETE
NAME BAKER, ANNA B
STREET ADDRESS 1010 PALM ST
CITY-ST-ZIP BLOUNTSTOWN FL

TITLE PD ☐ DELETE
NAME SHEARD, GERALDINE B
STREET ADDRESS SHEARDS RD
CITY-ST-ZIP BLOUNTSTOWN FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE: *Geraldine B Sheard* 1/31/99 850-674-8747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)