

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 11, 2002 8:00 am**
Secretary of State

02-11-2002 90001 018 ****61.25

DOCUMENT # N93000005790

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3236261**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional**
Fee Required**6. Name and Address of Current Registered Agent****SHEARD, GERALDINE B**
SHEARDS ROAD
BLOUNTSTOWN FL 32424**7. Name and Address of New Registered Agent**

Name

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

City

FL

Zip Code

8. 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

*Geraldine B. Sheard / Geraldine B. Sheard**1/26/2002*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees**Make Check Payable to**
Department of State**10. OFFICERS AND DIRECTORS**TITLE **V** ☐ Delete
NAME **MING, FULLER**
STREET ADDRESS **208 90 SE AZATEA**
CITY-ST-ZIP **BLOUNTSTOWN FL 32424**TITLE **T** ☐ Delete
NAME **PETERSON, MARJORIE**
STREET ADDRESS **19503 SE S SHEARDS RD**
CITY-ST-ZIP **BLOUNTSTOWN FL**TITLE **SD** ☐ Delete
NAME **MCGLOCKTON, EARLENE BARNES**
STREET ADDRESS **16480 RIVER STREET**
CITY-ST-ZIP **BLOUNTSTOWN FL 32424**TITLE **T** ☐ Delete
NAME **HAWKINS, JAMES**
STREET ADDRESS **15901 SE S 5 PEAR ST**
CITY-ST-ZIP **BLOUNTSTOWN FL 32424**TITLE **D** ☐ Delete
NAME **BAKER, ANNA B**
STREET ADDRESS **PO BOX 795**
CITY-ST-ZIP **BLOUNTSTOWN FL 32424**TITLE **PD** ☐ Delete
NAME **SHEARD, GERALDINE**
STREET ADDRESS **19569 SE SHEARDS RD**
CITY-ST-ZIP **BLOUNTSTOWN FL 32424****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE **Ming, Fuller** ☒ Change ☐ Addition
NAME **Ming, Fuller**
STREET ADDRESS **20890 SE AZALEA Dr**
CITY-ST-ZIP **Blountstown, FL 32424**TITLE **T** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **SD** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **T** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **PD** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Geraldine B. Sheard / Geraldine B. Sheard**1/26/2002*

Date

Daytime Phone #

CR2E037 (9/01)