

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

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**



01092006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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
19569 SE SHEARDS RD.
BLOUNTSTOWN, FL 32424**

**DO NOT WRITE
IN THIS SPACE**

6. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Geraldine B Sheard* *Geraldine B Sheard* *1/10/06*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	PETERSON, MARJORIE
STREET ADDRESS	19503 SE S SHEARDS RD
CITY-ST-ZIP	BLOUNTSTOWN, FL
TITLE	SD
NAME	MCGLOCKTON, EARLENE BARNES
STREET ADDRESS	16480 RIVER STREET
CITY-ST-ZIP	BLOUNTSTOWN, FL 32424
TITLE	T
NAME	HAWKINS, JAMES
STREET ADDRESS	15901 SE S 5 PEAR ST
CITY-ST-ZIP	BLOUNTSTOWN, FL 32424
TITLE	D
NAME	BAKER, ANNA B
STREET ADDRESS	PO BOX 795
CITY-ST-ZIP	BLOUNTSTOWN, FL 32424
TITLE	PD
NAME	SHEARD, GERALDINE
STREET ADDRESS	19569 SE SHEARDS RD
CITY-ST-ZIP	BLOUNTSTOWN, FL 32424
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UN0000396312
01/30/06-80005-010 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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* *1/10/06* *1-850-674-8683*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #