

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005790

FILED
Mar 19, 2009
Secretary of State

Entity Name: THE MAYHAW SCHOOL COMMUNITY ORGANIZATION, INC.

Current Principal Place of Business:

PO BOX 623
BLOUNTSTOWN, FL 32424

New Principal Place of Business:

19455 S.E. MCDANNIEL RD.
BLOUNTSTOWN, FL 32424

Current Mailing Address:

PO BOX 623
BLOUNTSTOWN, FL 32424

New Mailing Address:

19455 S. E. MCDANIEL RD
BLOUNTSTOWN, FL 32424

FEI Number: 59-3236261

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SHEARD, GERALDINE B
19569 SE SHEARDS RD.
BLOUNTSTOWN, FL 32424 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: PETERSON, MARJORIE
Address: 19503 SE S SHEADS RD
City-St-Zip: BLOUNTSTOWN, FL

Title: SD () Delete
Name: MCGLOCKTON, EARLENE BARNES
Address: 16480 RIVER STREET
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: T () Delete
Name: PETERSON, DEBRA
Address: 20806 DAVIS CIR
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: D () Delete
Name: BATTLE, TARSHA JM
Address: 20748 SE SHERRY AVE
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: PD () Delete
Name: SHEARD, GERALDINE
Address: 19569 SE SHEARDS RD
City-St-Zip: BLOUNTSTOWN, FL 32424

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GERALDINE B. SHEARD

PRE

03/19/2009

Electronic Signature of Signing Officer or Director

Date