


FILE NOW: FILING FEE IS \$61.25

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Feb 08, 1999 8:00am  
Secretary of State

02-08-1999 90012 007 \*\*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000000455.**

1. Corporation Name

**HENDRY PUBLIC SCHOOLS FOUNDATION, INC.**

Principal Place of Business

P.O. BOX 1980  
LABELLE FL 33935

Mailing Address

P.O. BOX 1980  
LABELLE FL 33935



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		01/31/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0487714	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28			
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		30	
25		30			

9. Name and Address of Current Registered Agent


10. Name and Address of New Registered Agent

UPTHEGROVE, EDWARD A  
475 EAST OSCEOLA AVE.  
CLEWISTON FL

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

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

(NOTE: Registered Agent signature required when reinstating)

EDWARD A. UPTEGROVE 1/7/99

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UPTHEGROVE, EDWARD	1.2 NAME	
STREET ADDRESS	P.O. BOX 1980 N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	LABELLE FL	1.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, HARRY	2.2 NAME	
STREET ADDRESS	P O BOX 1980 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	LABELLE FL	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGFORD, PAT	3.2 NAME	
STREET ADDRESS	P.O. BOX 1980 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	LABELLE FL	3.4 CITY-ST-ZIP	
TITLE	M <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERRYMAN, HOWARD	4.2 NAME	
STREET ADDRESS	P O BOX 1980 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	LABELLE FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/99

(941) 674-4100

Date

Daytime Phone #

CR2E037 (11/98)