

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 9:17

DOCUMENT # N94000004792 (7)

1. Corporation Name

UNION COUNTY SCHOOL BOARD FINANCE CORP.

Principal Place of Business

Mailing Address

55 SW 6TH ST.
LAKE BUTLER FL 32054

55 SW 6TH ST.
LAKE BUTLER FL 32054

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/28/1994

3a. Date of Last Report

4. FB Number

APPLIED FOR

☒ Applied For

☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

DUKES, EUGENE
55 SW 6TH ST.
LAKE BUTLER FL 32054

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 189.032,
Florida Statutes

☐ Yes ☐ No

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	DOBBS, MORRIS
STREET ADDRESS	P.O. BOX 36
CITY - ST - ZIP	RAIFROD FL 32083
TITLE	D
NAME	HOLMES, DORLEE
STREET ADDRESS	RR 3, BOX 1523
CITY - ST - ZIP	LAKE BUTLER FL 32054
TITLE	D
NAME	HOWARD, W. SHANDS
STREET ADDRESS	RR 2, BOX 380
CITY - ST - ZIP	LAKE BUTLER FL 32054
TITLE	D
NAME	STALNAKE, DAVID C
STREET ADDRESS	RR 1, BOX 688
CITY - ST - ZIP	LAKE BUTLER FL 32054
TITLE	D
NAME	WHITEHEAD, SUE A
STREET ADDRESS	450 NW 2ND ST.
CITY - ST - ZIP	LAKE BUTLER FL 32054
TITLE	D
NAME	DUKES, EUGENE
STREET ADDRESS	55 SW 6TH ST.
CITY - ST - ZIP	LAKE BUTLER FL 32054

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption under Section 607.0306, Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that the information 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 the address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature #

RECEIVED BY MAY 1

4/27/95

(904)496-2045