

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 19, 2005
Secretary of State**

DOCUMENT# N95000001730

Entity Name: HAMILTON COUNTY PUBLIC SCHOOLS FOUNDATION, INC.

Current Principal Place of Business:

215 2ND AVE., N.E.
JASPER, FL 32052

New Principal Place of Business:

Current Mailing Address:

PO BOX 1059
JASPER, FL 32052

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

PARALEGAL AND ATTORNEY SERVICE BUREAU, INC
1406 HAYS STREET, STE. 2
TALLAHASSEE, FL 32301 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: AP () Delete
Name: BULLARD, JOHNNY
Address: 16693 SPRING ST.
City-St-Zip: WHITE SPRINGS, FL 32096

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

Title: ST () Delete
Name: JORDAN, JEANETTE
Address: 201 SE 2ND AVENUE
City-St-Zip: JASPER, FL 32052

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

Title: D () Delete
Name: ROWE, CECIL
Address: 208 4TH AVE NW
City-St-Zip: JASPER, FL 32052

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

Title: D () Delete
Name: JOHNSON, ISAAC
Address: RT 1 BOX 161
City-St-Zip: JASPER, FL 32052

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHNNY BULLARD

MR.

07/19/2005

Electronic Signature of Signing Officer or Director

Date