

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90020 024 ****61.25

DOCUMENT # N95000001730

1. Entity Name
HAMILTON COUNTY PUBLIC SCHOOLS FOUNDATION, INC.

Principal Place of Business: **215 2ND AVE., N.E. JASPER FL 32052**
Mailing Address: **PO BOX 1059 JASPER FL 32052**

2. Principal Place of Business: **4280 SW CR 152**
Suite, Apt. #, etc.:
City & State: **Jasper FL**

3. Mailing Address: Suite, Apt. #, etc.:
City & State: **Jasper FL**

City & State: **Jasper FL**
Zip: **32052** Country: **Hamilton**



1st MOORE CR2E037 (10/05)

4. FEI Number: **NO-T APPLICABLE** Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent: **PARALEGAL AND ATTORNEY SERVICE BUREAU, INC 1406 HAYS STREET, STE. 2 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent: Name: Street Address (P.O. Box Number is Not Acceptable): City: **FL** Zip Code:

8. 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: **John W. Bullard, Jr.** **John W. Bullard** **2/24/06**
Signature, typed or printed name of registered agent and title (applicable) (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2006

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: AP NAME: BULLARD, JOHNNY STREET ADDRESS: 16693 SPRING ST. CITY-ST-ZIP: WHITE SPRINGS FL 32096	<input type="checkbox"/> Delete	TITLE: Bullard, Johnny NAME: 4280 SW CR 152 STREET ADDRESS: Jasper, FL 32052 CITY-ST-ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: ST NAME: JORDAN, JEANETTE STREET ADDRESS: 201 SE 2ND AVENUE CITY-ST-ZIP: JASPER FL 32052	<input checked="" type="checkbox"/> Delete	TITLE: ST NAME: Imogene Bullock STREET ADDRESS: 5688 US Highway 129 CITY-ST-ZIP: Jasper, FL 32052	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: ROWE, CECIL STREET ADDRESS: 208 4TH AVE NW CITY-ST-ZIP: JASPER FL 32052	<input checked="" type="checkbox"/> Delete	TITLE: Adams, Mary NAME: 16693 Spring St. STREET ADDRESS: White Springs, FL 32096 CITY-ST-ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: JOHNSON, ISAAC STREET ADDRESS: RT 1 BOX 161 CITY-ST-ZIP: JASPER FL 32052	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: **John Bullard** **John W. Bullard, Jr.** **2/29/06** **386-792** **6572**