

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

DOCUMENT # N96000005692

1. Entity Name

UNION COUNTY SCHOOLS FOUNDATION, INC.



04 MAY -7 PM 6:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

55 S.W. 6TH STREET
LAKE BUTLER, FL 32054

Mailing Address

55 S.W. 6TH STREET
LAKE BUTLER, FL 32054

05-07-04 01042 014 297.50



04272004 No Chg-NP

CR2E037 (10/03) 03-04

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3482458

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FAULK, CARLTON
55 S.W. 6TH STREET
LAKE BUTLER, FL 32054

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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.

REINSTATEMENT

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
ROBERTS, AVERY
POST OFFICE BOX 233
LAKE BUTLER, FL 32054

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
ELIXSON, PATSY
UNION COUNTY COURTHOUSE ROOM 101
LAKE BUTLER, FL 32054

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
SHANDS, HOWARD
RT. 2, BOX 380
LAKE BUTLER, FL 32054

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARLTON FAULK

4-28-04

386-496-2045

Date

Daytime Phone #