

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005692

FILED  
Apr 26, 2005  
Secretary of State

**Entity Name:** UNION COUNTY SCHOOLS FOUNDATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 59-3482458

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:**

Title: D ( ) Delete  
Name: ROBERTS, AVERY  
Address: POST OFFICE BOX 233  
City-St-Zip: LAKE BUTLER, FL 32054

Title: D ( ) Delete  
Name: ELIXSON, PATSY  
Address: UNION COUNTY COURTHOUSE ROOM 101  
City-St-Zip: LAKE BUTLER, FL 32054

Title: D ( ) Delete  
Name: SHANDS, HOWARD  
Address: RT. 2, BOX 380  
City-St-Zip: LAKE BUTLER, FL 32054

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: CARLTON FAULK

MR.

04/26/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date