

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N31135 (9)

1. Corporation Name
MISS MARION COUNTY SCHOLARSHIP PAGEANT, INC.



Principal Place of Business Mailing Address
**C/O MARY K. PYLES
1303 SE 59TH ST.
OCALA FL 34480
US**

3. Date Incorporated or Qualified **03/13/1989** 3a. Date of Last Report **10/09/1995**

21	22	23	24	25	26	27	28	29	30	4.	5.	6.	8.
Principal Place of Business		Mailing Address		FEI Number		Certificate of Status Desired		Election Campaign Financing		Date of Last Report		Trust Fund Contribution	
855 S.E. 59th St.		855 S.E. 59th Street		59-3018193		XX		Trust Fund Contribution		10/09/1995		Trust Fund Contribution	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For		City & State		City & State		Not Applicable		Not Applicable	
City & State		City & State		City & State		City & State		City & State		City & State		City & State	
Ocala, Florida		Ocala, Florida		Ocala, Florida		Ocala, Florida		Ocala, Florida		Ocala, Florida		Ocala, Florida	
Zip		Country		Zip		Country		Zip		Country		Zip	
34480		USA		34480		USA		34480		USA		34480	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PYLES, MARY K 1303 SE. 59TH ST. OCALA FL 34480				81 Name Molly A. Buffington			
				82 Street Address (P.O. Box Numbers Not Acceptable) 855 Southeast 59th Street			
				83			
				84 City Ocala			
				85 Zip Code FL 34480			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Molly A. Buffington* 1/29/96
Signature (Typed or Printed Name of Registered Agent and Agent if Applicable) (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DC	NAME	PYLES, MARY K	1.1 TITLE	DC	1.2 NAME	Perry, Norman F.
STREET ADDRESS	1303 SE 59TH ST	CITY - ST - ZIP	OCALA FL	1.3 STREET ADDRESS	702 SE 36th Avenue	1.4 CITY - ST - ZIP	Ocala, FL 34471
TITLE	DP	NAME	NICHOLSON, BERTIE	2.1 TITLE	DP	2.2 NAME	William D. Buffington
STREET ADDRESS	1208 SE 16TH STREET	CITY - ST - ZIP	OCALA FL	2.3 STREET ADDRESS	855 SE 59th Street	2.4 CITY - ST - ZIP	Ocala, FL 34480
TITLE	DV	NAME	DINKINS, KATHY	3.1 TITLE	DV	3.2 NAME	Carolyn Roberts
STREET ADDRESS	RT. 1 BOX 951	CITY - ST - ZIP	FT. MCCOY FL	3.3 STREET ADDRESS	1329 SE 14th Street	3.4 CITY - ST - ZIP	Ocala, FL 34471
TITLE	DST	NAME	BUFFINGTON, MOLLY	4.1 TITLE	DS	4.2 NAME	Loretta McKinney
STREET ADDRESS	855 SE 59TH ST	CITY - ST - ZIP	OCALA FL	4.3 STREET ADDRESS	13200 SE 115th Avenue	4.4 CITY - ST - ZIP	Ocklawaha, FL 32179
TITLE		NAME		5.1 TITLE	DT	5.2 NAME	Diana Meierhenry
STREET ADDRESS		CITY - ST - ZIP		5.3 STREET ADDRESS	1375 SE 52nd Street	5.4 CITY - ST - ZIP	Ocala, FL 34471
TITLE		NAME		6.1 TITLE	DM	6.2 NAME	Molly Buffington
STREET ADDRESS		CITY - ST - ZIP		6.3 STREET ADDRESS	855 SE 59th Street	6.4 CITY - ST - ZIP	Ocala, FL 34480

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Molly A. Buffington* 1/29/96 (352) 237-8347
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)