

FILE NOW: FILING FEE IS \$61.25

FILED
May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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 855 SE 59TH STREET OCALA FL 34480 US	Mailing Address 855 SE 59TH STREET OCALA FL 34480-6631 US
--	---

3. Date Incorporated or Qualified 03/13/1989	3a. Date of Last Report 02/05/1996
--	--

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

4. FEI Number 59-3018193	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**BUFFINGTON, MOLLY A
855 SE 59TH STREET
OCALA FL 34480**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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* DATE: **4/21/97**
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1.1 TITLE	DP
NAME	PERRY, NORMAN F	1.2 NAME	CAROLYN ROBERTS
STREET ADDRESS	702 SE 36TH AVENUE	1.3 STREET ADDRESS	1329 SE 14th ST.
CITY-ST-ZIP	OCALA FL 34471	1.4 CITY-ST-ZIP	OCALA FL 34471
TITLE	DP	2.1 TITLE	DV
NAME	BUFFINGTON, WILLIAM D	2.2 NAME	KATHIE ROSSI
STREET ADDRESS	855 SE 59TH STREET	2.3 STREET ADDRESS	2172 E. SILVER SPRING BLVD.
CITY-ST-ZIP	OCALA FL 34480	2.4 CITY-ST-ZIP	OCALA FL 34471
TITLE	DV	3.1 TITLE	DS
NAME	ROBERTS, CAROLYN	3.2 NAME	PENNY TOMBERLIN
STREET ADDRESS	1329 SE 14TH STREET	3.3 STREET ADDRESS	1721 NE 2ND ST
CITY-ST-ZIP	OCALA FL 34471	3.4 CITY-ST-ZIP	OCALA FL 34471
TITLE	DS	4.1 TITLE	DT
NAME	MCKINNEY, LORETTA	4.2 NAME	BETTY BERRY
STREET ADDRESS	13200 SE 115TH AVENUE	4.3 STREET ADDRESS	2426 NE 14th ST
CITY-ST-ZIP	OCLAWAHA FL 32179	4.4 CITY-ST-ZIP	OCALA FL 34471
TITLE	DT	5.1 TITLE	
NAME	MEIERHENRY, DIANA	5.2 NAME	
STREET ADDRESS	1375 SE 52ND STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34471	5.4 CITY-ST-ZIP	
TITLE	DM	6.1 TITLE	
NAME	BUFFINGTON, MOLLY	6.2 NAME	
STREET ADDRESS	855 SE 59TH STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34480	6.4 CITY-ST-ZIP	

<input checked="" type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<input checked="" type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<input checked="" type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<input checked="" type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<input checked="" type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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 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* DATE: **4/21/97 (352) 237-8347**

CR2E037 (9/96)