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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N31135

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 US
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2. Principal Place of Business 21 <u>2192 E. S. S. Blvd</u> Suite, Apt. #, etc.	2a. Mailing Address 26 <u>Miss Ocala/Marion Cty Sch Bd</u> Suite, Apt. #, etc.	3. Date Incorporated or Qualified 03/13/1989
22	27 <u>PO Box 1096</u>	4. FEI Number 59-3018193
23 <u>Ocala FL</u> City & State	28 <u>Ocala FL</u> City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 <u>34470</u> 25 <u>MARION</u> Zip Country	29 <u>34478</u> 30 <u>MARION</u> Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 MARY KATHERINE ROSSI-DUDLEY

82 Street Address (P.O. Box Number is Not Acceptable)

83 2192 E. Silver Springs Blvd.

84 City Ocala 85 Zip Code FL 34470

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 Kathie R. Dudley DATE 3/29/89

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	ROBERTS, CAROLYN	
STREET ADDRESS	1329 S.E. 14TH ST.	
CITY-ST-ZIP	OCALA FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	ROSSI, KATHIE	
STREET ADDRESS	2172 E. SILVER SPRINGS BLVD.	
CITY-ST-ZIP	OCALA FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	TOMBERLIN, PENNY	
STREET ADDRESS	1721 N.E. 2ND ST.	
CITY-ST-ZIP	OCALA FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	BARRY, ELIZABETH	
STREET ADDRESS	2539 N.E. 32ND PL	
CITY-ST-ZIP	OCALA FL 34479	
TITLE	DM	<input checked="" type="checkbox"/> DELETE
NAME	BUFFINGTON, MOLLY	
STREET ADDRESS	855 SE 59TH STREET	
CITY-ST-ZIP	OCALA FL 34480	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	<u>IN TRANSITION</u>	<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	<u>IN TRANSITION</u>	<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	<u>IN TRANSITION</u>	<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	<u>MARY KATHERINE ROSSI-DUDLEY</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS	<u>2192 E. Silver Springs Blvd</u>		
5.4 CITY-ST-ZIP	<u>OCALA, FL. 34470</u>		
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. 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 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, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE REQUIRED 3/29/89 352 732 3399

Signature and typed or printed name of signing officer or director Date Daytime Phone #

0076160

CR2E037 (4-1/88)