

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 29, 2004
Secretary of State**

DOCUMENT# N31135

Entity Name: MISS MARION COUNTY SCHOLARSHIP PAGEANT, INC.

Current Principal Place of Business:

2192 E. S.S. BLVD
OCALA, FL 34470 US

New Principal Place of Business:

Current Mailing Address:

2192 E SILVER SPRING BLVD
OCALA, FL 34470 US

New Mailing Address:

FEI Number: 59-3018193 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUDLEY, MARY KATHERYNE R
2192 E. SILVER SPRINGS BLVD
OCALA, FL 34470

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: VD () Delete
Name: SANDOR, CATHY
Address: 5995 S.E. 126TH LN.
City-St-Zip: BELLEVIEW, FL

Title: DT () Delete
Name: GORDON, JUDI S
Address: 4080 SE 25 TERRACE
City-St-Zip: OCALA, FL 34480

Title: DM () Delete
Name: ROSSI, MARY K
Address: 2192 E. SILVER SPRINGS BLVD
City-St-Zip: OCALA, FL 34470

Title: PD () Delete
Name: ALVORD, RANDY
Address: 4 TEAK CT
City-St-Zip: OCALA, FL 34470

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:

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: KATHY ROSSI DUDLEY

DM

04/29/2004

Electronic Signature of Signing Officer or Director

_____ Date