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 # **N39698** **(8)**

1. Corporation Name

THE MISS HOMESTEAD SCHOLARSHIP FOUNDATION, INCOR PORATED

Principal Place of Business	Mailing Address
27235 S.W. 168 AVE HOMESTEAD FL 33031	27235 S.W. 168 AVE HOMESTEAD FL 33031

3. Date Incorporated or Qualified: **08/28/1990**
3a. Date of Last Report: **10/20/1995**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: **65-0281355** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HEBERT
~~HERBERT~~, FAY
27235 S.W. 168TH AVE.
HOMESTEAD FL 33031

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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: Fay Hebert — DATE: 2/15/96
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	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	FAY, HEBERT		1.2 NAME		
STREET ADDRESS	27235 S.W. 168 AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD FL 33031		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PORTER, LAVOYCE		2.2 NAME		
STREET ADDRESS	18604 S.W. 294TH TERRACE		2.3 STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD FL		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FERGUSON, CATHY		3.2 NAME		
STREET ADDRESS	23705 S.W. 153 CT.		3.3 STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD FL 33030		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BATEMAN, DONA		4.2 NAME		
STREET ADDRESS	2609 S.W. 21 CT.		4.3 STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD FL 33035		4.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SNYDER, CATHY		5.2 NAME		
STREET ADDRESS	18475 S.W. 295 TERR		5.3 STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD FL 33030		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	COOPER, CAY		6.2 NAME		
STREET ADDRESS	16200 S.W. 284 ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD FL 33030		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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: Fay Hebert, President — 2/15/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #