FILE NOW: FILING FEE IS $61.25

FILED
Mar 01, 1999 8:00 am
Secretary of State
03-01-1999 90015 013 ****61.25

0024522

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N39698

1. Corporation Name
THE MISS HOMESTEAD SCHOLARSHIP FOUNDATION, INCOR PORATED

Principal Place of Business	Mailing Address
25 SW 3RD STREET HOMESTEAD FL 33030 US	25 SW 3RD STREET HOMESTEAD FL 33030 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 378 SW 6 Street	26 378 SW 6 Street	08/28/1990
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0281355 ☐ Applied For ☐ Not Applicable
City & State 23 Florida City, Fl.	City & State 28 Florida City, Fl.	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 33034 25 U S A	Zip / Country 29 33034 30 U S A	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

SCOTT, MARIA
25 SW 3RD STREET
HOMESTEAD FL 33030

10. Name and Address of New Registered Agent

81 Name: MARIA SCOTT
82 Street Address (P.O. Box Number is Not Acceptable): 378 SW 6 Street
83
84 City: Florida City **FL** 85 Zip Code: 33034

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: Maria Y. Scott — MARIA SCOTT — 1/27/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	P	Address ☒ Change ☐ Addition
NAME	SCOTT, MARIA		1.2 NAME	SCOTT, MARIA	
STREET ADDRESS	25 SW 3RD STREET		1.3 STREET ADDRESS	378 SW 6 Street	
CITY-ST-ZIP	HOMESTEAD FL		1.4 CITY-ST-ZIP	Florida City, Fl. 33034	
TITLE	T	☐ DELETE	2.1 TITLE	T	Address ☒ Change ☐ Addition
NAME	YESENIA, VALENCIA		2.2 NAME	VALENCIA, YESENIA	
STREET ADDRESS	16464 SW 304TH., #106		2.3 STREET ADDRESS	1290 NW 15 Street	
CITY-ST-ZIP	HOMESTEAD FL 33030		2. 4 CITY-ST-ZIP	HOMESTEAD, FL. 33030	
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FERGUSON, KATHY		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	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MEZA, BEA		4. 2 NAME		
STREET ADDRESS	116 E MOWRY DR., #202		4.3 STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD FL 33030		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BATEMAN, DONNA		5.2 NAME		
STREET ADDRESS	615 SE 29TH DRIVE, EAST LAKE		5.3 STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BRANDENBERG, ANN MARIE		6.2 NAME		
STREET ADDRESS	1344 N KROME AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD FL		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: YESENIA VALENCIA — 1/27/99 — (305) 2556444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #