

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **759176**

(1)

1. Corporation Name

MISS BAY AREA PAGEANT, INC.



Principal Place of Business

Mailing Address

**719 SOUTH BOULEVARD
TAMPA FL 33606**

**719 SOUTH BOULEVARD
TAMPA FL 33606**

3. Date Incorporated or Qualified
07/15/1981

3a. Date of Last Report
02/28/1995

2. Principal Place of Business
21 **719 South Boulevard**

2a. Mailing Address
26 **719 South Boulevard**

4. FEI Number
59-2888773

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

City & State
23 **Tampa, FL**

City & State
28 **Tampa, FL**

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

Zip
24 **33606**

Country
25 **Hillsborough**

Zip
29 **33606**

Country
30 **Hillsborough**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WEHUST, MRS VIRGINIA
719 S BLVD
TAMPA FL 33606**

81 Name **No change.**

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 **Virginia L. Wehust, President/Executive Director** *Virginia L. Wehust* **Feb. 21, 1996**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-stating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PED	<input type="checkbox"/> DELETE
NAME	WEHUST, VIRGINIA L.	
STREET ADDRESS	719 SO. BLVD.	
CITY - ST - ZIP	TAMPA FL 33606	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	FAVATA, ROSEANN F.	
STREET ADDRESS	5004 PURITAN RD.	
CITY - ST - ZIP	TAMPA FL 33617	
TITLE	VPT	<input checked="" type="checkbox"/> DELETE
NAME	COLGAN, DONNIE Job duties changed	
STREET ADDRESS	3601 GREENSTONE PLACE in his employment	
CITY - ST - ZIP	VALRICO FL 33594	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	PORTER, VIVIAN Moved to Orangeburgh	
STREET ADDRESS	12701 ALLENDALE LANE S.C.	
CITY - ST - ZIP	TAMPA FL 33618	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MARTIN, MARY	
STREET ADDRESS	6031 TRELIS COURT	
CITY - ST - ZIP	TAMPA FL 33614	
TITLE	COBT	<input type="checkbox"/> DELETE
NAME	VARGUS, ED	
STREET ADDRESS	4714 HABANA, #3104	
CITY - ST - ZIP	TAMPA FL 33614	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Donnie had to resign due
3.3 STREET ADDRESS	to traveling all over Florida. We have
3.4 CITY - ST - ZIP	not filled his position as 2nd Vice Pres.
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Pam Bolter - Secretary
4.3 STREET ADDRESS	8006 Dumont Court
4.4 CITY - ST - ZIP	Temple Terrace, FL 33637
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Treasurer
5.3 STREET ADDRESS	Bob Frederick
5.4 CITY - ST - ZIP	3302 West Buffalo Ave #3999
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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: *Virginia L. Wehust* **Virginia L. Wehust**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 21, 1996 (813)251-6645
Date Daytime Phone #

CR2E037 (12/95)