

4-7-97 B-4103 C
FILE NOW: FILING FEE IS \$61.25

FILED

Apr 07 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 US | 719 SOUTH BOULEVARD TAMPA FL 33606-2902 US |

| | |
|--|--|
| 3. Date Incorporated or Qualified 07/15/1981 | 3a. Date of Last Report 02/27/1996 |
|--|--|

| | | | |
|--------------------------------|---------------------|--|--|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number 59-2888773 | Applied For <input type="checkbox"/> Not Applicable |
| 21 | 26 | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
| 22 | 27 | | |
| City & State | City & State | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 23 | 28 | | |
| Zip | Zip | Country | Country |
| 24 | 25 | 29 | 30 |

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 | SAME PERSON - 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 _____ (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 | PED <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WEHUST, VIRGINIA L. | 1.2 NAME | Same |
| STREET ADDRESS | 719 SO. BLVD. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL 33606 | 1.4 CITY-ST-ZIP | |
| TITLE | VPT <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FAVATA, ROSEANN F. | 2.2 NAME | Same |
| STREET ADDRESS | 5004 PURITAN RD. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL 33617 | 2.4 CITY-ST-ZIP | |
| TITLE | S <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BOLTER, PAM | 3.2 NAME | Mary Martin |
| STREET ADDRESS | 8006 DUMONT COURT | 3.3 STREET ADDRESS | 12907 No. 53rd St. |
| CITY-ST-ZIP | TEMPLE TERRACE FL | 3.4 CITY-ST-ZIP | Temple Terrace, FL 33617 |
| TITLE | FREDERICK, BOB <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FREDERICK, BOB | 4.2 NAME | Ellen Hornsby |
| STREET ADDRESS | 3302 WEST BUFFALO AVE, #3999 | 4.3 STREET ADDRESS | 3118 El Prado |
| CITY-ST-ZIP | TAMPA FL | 4.4 CITY-ST-ZIP | Tampa, FL 33629 |
| TITLE | COBT <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VARGUS, ED | 5.2 NAME | Same |
| STREET ADDRESS | 4714 HABANA, #3104 | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL 33614 | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do 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.

SIGNATURE: *Virginia L. Wehust* **VIRGINIA L. WEHUST** 3/31/97 (813) 251-6645
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0047354

CR2E037 (9/96)