FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 759176

(1)

MISS BAY AREA PAGEANT, INC.

FILED Feb 04 1998 8:00am Secretary of State

Principal Place of Business Mailing Address			- 10011t 2006 MISEM IDINE FENIE CONTO MEST MINI NIM	BH RIDIA BARUL BIDH DIDII IODI		
719 South Boulevard Tampa Fl 33606 US	719 SOUTH BOULEVARD TAMPA FL 33606 US		3. Date Incorporated or Qualified 07/15/1981			
••	••		4. FEI Number 59-2888773	Applied For Not Applicable		
2. Principal Place of Business	2a. Mailing Address 26		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
City & State	City & State	•	7. Is this nonprofit corporation a homeowner Yes	rs association?		
Zip Country 24 25	Zip Co 29 30	untry	t discondition to postly the table and the	Yes 💟 No		
9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	Agent		
		81 Name				
WEHUST, MRS VIRGINIA 719 S BLVD			,			
TAMPA FL 33606		83				
		84 City	FL	85 Zip Code		
 Pursuant to the provisions of Sections 617.0502 office or registered agent, or both, in the State of agent. I am famillar with, and accept the obligation 	of Florida. Such change was authorize	ed by the corporation	ration submits this statement for the purpose on sboard of directors. I hereby accept the app	of changing its registered cointment as registered		

SIGNATURE Structure hand or related name of registered good and title if applicable (NOTE Registered Agent signature required when rejectation) DATE										
Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN										
TITLE	PED	DELETE	1.1 TITLE	Board Member	☐ Change	X Addition				
NAME	WEHUST, VIRGINIA L.		1.2 NAME	CHERYL ROLLINS		_				
STREET ADDRESS	719 SO. BLVD.		1,3 STREET ADDRESS	26120 Bayhead Rd.						
CITY-ST-ZIP	TAMPA FL 33606		1.4 CITY-ST-ZIP	Dade City, FL 33525						
TITLE	VPT	DELETE	2.1 TITLE	Board Member	Change	X Addition				
NAME	FAVATA, ROSEANN F.	maj	2.2 NAME	Jean E. Sharpe						
STREET ADDRESS	5004 PURITAN RD.		2.3 STREET ADDRESS	4211 Cleveland St.						
	TAMPA FL 33617		2. 4 CITY-ST-ZIP	Tampa, FL 33609		İ				
CITY-ST-ZIP	S	DELETE	3.1 TITLE	<u> </u>	Change	Addition				
NAME	MARTIN, MARY		3.2 NAME		,-					
STREET ADDRESS	12907 NO. 53RD ST		3.3 STREET ADDRESS			[
CITY-ST-ZIP	TEMPLE TERRACE FL		3.4. CITY-ST-ZIP			·				
TITLE	T	DELETE	4.1 TITLE		☐ Change	Addition				
NAME	HORNSBY, ELLEN		4. 2 NAME							
STREET ADDRESS	3118 EL PRADO		4.3 STREET ADDRESS							
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP							
TITLE	COBT	DELETE	5.1 TITLE		Change	Addition				
NAME	VARGUS, ED		5.2 NAME		_ •	i				
STREET ADDRESS	4714 HABANA, #3104		5.3 STREET ADDRESS							
CITY-ST-ZIP	TAMPA FL 33614		5.4 CITY-ST-ZIP			1				
TITLE	174111111111111111111111111111111111111	DELETE	6.1 TITLE		Change	Addition				
NAME			6.2 NAME			_				
STREET ADDRESS			6.3 STREET ADDRESS							
CITY_ST_7IP			6.4 CITY-ST-ZIP							

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.

SIGNATURE:

IRGINIA'ENWENDS IN PHIS EDUN RED WERLSY

1/12/98 (813) 251-6645

CR2E037 (10/97)