

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90216 014 ****61.25

DOCUMENT # N02000001468 1. Entity Name MISS HEART OF PLANT CITY SCHOLARSHIP PAGENT, INC.			
Principal Place of Business 4419 HAWKINS ROAD PLANT CITY, FL 33567		Mailing Address PO BOX 1705 BARTOW, FL 33831	
2. Principal Place of Business 5555 N. Bailey Rd Suite, Apt. #, etc.		3. Mailing Address P.O. Box 462 Suite, Apt. #, etc.	
City & State Plant City, FL Zip 33565		City & State Thonotosassa FL Zip 33592	
Country USA		Country USA	
4. FEI Number 54-2086911		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WHITE, BRENDA 647 S RIFLE RANGE RD WINTER HAVEN, FL 33880		7. Name and Address of New Registered Agent Name Greene, Michelle Street Address (P.O. Box Number is Not Acceptable) 5555 N. Bailey Rd City Plant City FL Zip Code 33565	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Michelle R. Greene</u> Michelle Greene 4/30/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES WHITE, BRENDA K PO BOX 1705 BARTOW, FL 33831 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO SIMPSON, TAMMY 4419 HAWKINS RD PLANT CITY, FL 33567 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Fulwood, Roxanne P.O. Box 462 Thonotosassa, FL 33592 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPRE FULWOOD, ROXANNE PO BOX 462 THONOTOSASSA, FL 33592 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Greene, Michelle 5555 N. Bailey Rd Plant City, FL 33565 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC SIMMONS, KITTY 2520 AL SIMMONS ROAD DOVER, FL 33527 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Michelle R. Greene</u> Michelle Greene		4/30/06 813-759-6745 <small>Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>	