

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 13, 2006
Secretary of State

DOCUMENT# N02000001468

Entity Name: MISS HEART OF PLANT CITY SCHOLARSHIP PAGENT, INC.**Current Principal Place of Business:**5555 N. BAILEY RD
PLANT CITY, FL 33565**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 462
THONOTOSASSA, FL 33592**New Mailing Address:****FEI Number:** 54-2086911**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**GREENE, MICHELLE
3555 N. BAILEY RD
PLANT CITY, FL 33565 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: WHITE, BRENDA K
Address: PO BOX 1705
City-St-Zip: BARTOW, FL 33831

Title: CEO () Delete
Name: FULWOOD, ROXANNE
Address: P.O. BOX 462
City-St-Zip: THONOTOSASSA, FL 33592

Title: VP (X) Delete
Name: GREENE, MICHELLE
Address: 5555 N. BAILEY RD
City-St-Zip: PLANT CITY, FL 33565

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: FULWOOD, ROXANNE M
Address: P. O. BOX 462
City-St-Zip: THONOTOSASSA, FL 33592

Title: VP (X) Change () Addition
Name: GREENE, MICHELLE R
Address: 5555 N. BAILEY ROAD
City-St-Zip: PLANT CITY, FL 33565

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROXANNE M. FULWOOD

PRES

10/13/2006

Electronic Signature of Signing Officer or Director

Date