


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 04, 2005 08:00 AM
Secretary of State**

DOCUMENT # N02000001585 1. Entity Name THE MISS WAKULLA COUNTY SCHOLARSHIP PAGEANT COMMITTEE, INC.		
Principal Place of Business 481 LAWHON MILL RD CRAWFORDVILLE, FL 32327	Mailing Address 481 LAWHON MILL RD CRAWFORDVILLE, FL 32327	
DO NOT WRITE IN THIS SPACE		
8. Name and Address of Current Registered Agent DAVIS, MICHELLE 481 LAWHON MILL RD CRAWFORDVILLE, FL 32327		DO NOT WRITE IN THIS SPACE
9. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DAVIS, MICHELLE 481 LAWHON MILL RD CRAWFORDVILLE, FL 32327	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD DAY, SHARON 224 HARVEY MILL RD CRAWFORDVILLE, FL 32327	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SCOTT, NIKKI 240 WOODRICH RD CRAWFORDVILLE, FL 32327	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD CAMP, SUZANNE 145 SWEETWATER CIR CRAWFORDVILLE, FL 32327	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. 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 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 Davis</u> Michelle Davis <u>2/5/05</u> <u>(850) 926-8754</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



02032005 No Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

U00000251631
03/04/05-80059-012 61.25

**DO NOT WRITE
IN THIS SPACE**