

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2006 8:00 am**  
**Secretary of State**

04-25-2006 90116 036 \*\*\*\*70.00

**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**

**50016365**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04142006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAVIS, MICHELLE  
481 LAWHON MILL RD  
CRAWFORDVILLE, FL 32327**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME DAVIS, MICHELLE  
STREET ADDRESS 481 LAWHON MILL RD  
CITY-ST-ZIP CRAWFORDVILLE, FL 32327

TITLE VD ☒ Delete  
NAME DAY, SHARON  
STREET ADDRESS 224 HARVEY MILL RD  
CITY-ST-ZIP CRAWFORDVILLE, FL 32327

TITLE SD ☒ Delete  
NAME SCOTT, NIKKI  
STREET ADDRESS 240 WOODRICH RD  
CITY-ST-ZIP CRAWFORDVILLE, FL 32327

TITLE TD ☒ Delete  
NAME CAMP, SUZANNE  
STREET ADDRESS 145 SWEETWATER CIR  
CITY-ST-ZIP CRAWFORDVILLE, FL 32327

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Change ☒ Addition  
NAME Kieser, Tara  
STREET ADDRESS 354 Oakwood Trail  
CITY-ST-ZIP Crawfordville, FL 32327

TITLE SD ☐ Change ☒ Addition  
NAME Hernandez, Joanne  
STREET ADDRESS 140 Alexander Road  
CITY-ST-ZIP Crawfordville, FL 32327

TITLE TD ☐ Change ☒ Addition  
NAME Crum, Kimberly  
STREET ADDRESS 90 Emerald Acres Drive  
CITY-ST-ZIP Crawfordville, FL 32327

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

*Michelle Davis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/06

Date

850-891-8211

Daytime Phone #