

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2008 08:00 A
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



02012008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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	

6. Name and Address of Current Registered Agent DAVIS, MICHELLE 481 LAWHON MILL RD CRAWFORDVILLE, FL 32327	DO NOT WRITE IN THIS SPACE
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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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$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 KIESER, TARA 354 OAKWOOD TRL CRAWFORDVILLE, FL 32327
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HERNANDEZ, JOANNE 140 ALEXANDER RD CRAWFORDVILLE, FL 32327
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD CRUM, KIMBERLY 90 EMERALD ACRES DR CRAWFORDVILLE, FL 32327
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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U000000816031
02/14/08-80033-003 61.25

**DO NOT WRITE
IN THIS SPACE**

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 **Michelle Davis** 2/2/08 (850) 528-1504
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #