

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001585

FILED
Apr 23, 2009
Secretary of State

Entity Name: THE MISS WAKULLA COUNTY SCHOLARSHIP PAGEANT COMMITTEE, INC.

Current Principal Place of Business:

481 LAWHON MILL RD
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

Current Mailing Address:

481 LAWHON MILL RD
CRAWFORDVILLE, FL 32327

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, MICHELLE
481 LAWHON MILL RD
CRAWFORDVILLE, FL 32327 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: PD () Delete
Name: DAVIS, MICHELLE
Address: 481 LAWHON MILL RD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: VD () Delete
Name: KIESER, TARA
Address: 354 OAKWOOD TRL
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: SD () Delete
Name: HERNANDEZ, JOANNE
Address: 140 ALEXANDER RD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: TD () Delete
Name: CRUM, KIMBERLY
Address: 90 EMERALD ACRES DR
City-St-Zip: CRAWFORDVILLE, FL 32327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: MICHELLE DAVIS

PD

04/23/2009

Electronic Signature of Signing Officer or Director

Date