

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004473

FILED  
May 23, 2008  
Secretary of State

**Entity Name:** MISS FLORIDA SCHOLARSHIP PAGEANT, INC.

**Current Principal Place of Business:**

6800 BIRD ROAD #351  
MIAMI, FL 33155

**New Principal Place of Business:**

**Current Mailing Address:**

6800 BIRD ROAD #351  
MIAMI, FL 33155

**New Mailing Address:**

**FEI Number:** 45-0484843      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

MCLEOD, RAYMOND A  
48 EAST MAIN STREET  
APOPKA, FL 32703 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: D ( ) Delete  
Name: SULLIVAN, MARY E  
Address: 6800 BIRD ROAD #351  
City-St-Zip: MIAMI, FL 33155

Title: D ( ) Delete  
Name: WALKER, JAMES E  
Address: 362 N E 92ND STREET  
City-St-Zip: MIAMI, FL 33138

Title: D ( ) Delete  
Name: LOY, ROBERT D  
Address: 3119 W DELEON #3  
City-St-Zip: TAMPA, FL 33609

**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:

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: MARY E SULLIVAN

PRES

05/23/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date