

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000000102

1. Entity Name
NORTH FLORIDA PAGEANTS, INC.



Principal Place of Business

18492 105TH ROAD
MCALPIN, FL 32062

Mailing Address

18492 105TH ROAD
MCALPIN, FL 32062



02232005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0662403

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCCOLLUM, MICHELLE H
18492 105TH ROAD
MCALPIN, FL 32062

**DO NOT WRITE
IN THIS SPACE**

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, 2005**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|----------------------|
| TITLE | T |
| NAME | MCCOLLUM, MICHELLE H |
| STREET ADDRESS | 18492 105TH ROAD |
| CITY-ST-ZIP | MCALPIN, FL 32062 |
| TITLE | P |
| NAME | MCCOLLUM, STEPHEN C |
| STREET ADDRESS | 18492 105TH ROAD |
| CITY-ST-ZIP | MCALPIN, FL 32062 |
| TITLE | VP |
| NAME | HAAS, SANDRA K |
| STREET ADDRESS | 10724 184TH STREET |
| CITY-ST-ZIP | MCALPIN, FL 32062 |
| TITLE | S |
| NAME | DANAHER, JEANIE |
| STREET ADDRESS | P.O. BOX 520 |
| CITY-ST-ZIP | BRANFORD, FL 32008 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

000000347220
04/30/05-80109-001 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

Michelle H. McCollum
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-05 3862082447
Daytime Phone #