2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012738

Entity Name: FLORIDA JUNIOR MISS, INC.

FILED Feb 01, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 428 N JEFFERSON ST PERRY, FL 32347 **Current Mailing Address: New Mailing Address:** P.O.BOX 1062 PERRY, FL 32348 FEI Number: 20-4067681 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: OLCOTT, RICHARD 428 N JEFFERSON ST PERRY, FL 32347 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DP () Change () Addition () Delete OLCOTT, RICK Name: Name: P.O.BOX 1062 Address: Address: City-St-Zip: PERRY, FL 32348 City-St-Zip: Title: DV () Delete Title: () Change () Addition Name: KNOWLES, AMY Name: Address: P.O.BOX 1062 Address: City-St-Zip: PERRY, FL 32348 City-St-Zip: Title: () Delete Title: () Change () Addition WIGGINS, LORI Name: Name: Address: P.O.BOX 1062 Address: City-St-Zip: PERRY, FL 32348 City-St-Zip: Title: DV () Delete Title: () Change () Addition Name: BISHOP, ALLISON Name: P.O.BOX 1062 Address: Address: City-St-Zip: PERRY, FL 32348 City-St-Zip: Title: () Delete Title: () Change () Addition SCHWAB, DANA Name: Name: P.O.BOX 1062 Address: Address: City-St-Zip: PERRY, FL 32348 City-St-Zip: Title: () Delete Title: () Change () Addition OLCOTT, REBA Name: Name: Address: P.O.BOX 1062 Address: PERRY, FL 32348 City-St-Zip: 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: RICK OLCOTT DP 02/01/2009