2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N07000007886

FILED Jul 24, 2009 Secretary of State

Entity Name: MISS LAKELAND SCHOLARSHIP PAGEANT, INC.

Current Principal Place of Business: New Principal Place of Business:

1820 E. POLLOCK RD 5586 DEER TRACKS TRAIL LAKELAND, FL 33813 LAKELAND, FL 33811

Current Mailing Address: New Mailing Address:

1820 E. POLLOCK RD 5586 DEER TRACKS TRAIL LAKELAND, FL 33813 LAKELAND, FL 33811

FEI Number: 26-2698749 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:

WILLCOCKSON, SUSAN HARWELL, ANGELA 1820 E. POLLOCK RD 5586 DEEŔ TRACKS TRAIL LAKELAND, FL 33813 US LAKELAND, FL 33811

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: ANGELA HARWELL 07/24/2009

> Electronic Signature of Registered Agent Date

> > Title:

OFFICERS AND DIRECTORS:

Title:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition TROLLER, JUSTIN M HARWELL, ANGELA Name: Name: 2274 HONEYCOMB LANE Address: 5586 DEER TRACKS TRAIL Address:

LAKELAND, FL 33811 City-St-Zip: LAKELAND, FL 33801 City-St-Zip:

(X) Change () Addition () Delete WILLCOCKSON, SUSAN Name: Name: MCHENRY, LINDA Address: 1820 EAST POLLICK ROAD Address: 6250 CRANE DRIVE City-St-Zip: LAKELAND, FL 33813 City-St-Zip: LAKELAND, FL 33809

Title: () Delete Title: (X) Change () Addition

MCHENRY, LINDA Name: SANTARPIA, JOHN Name: 6169 SEAGULL LANE Address: Address: P.O. BOX 6561 City-St-Zip: LAKELAND, FL 33809 City-St-Zip: LAKELAND, FL 33807

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: ANGELA HARWELL Ρ 07/24/2009