

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 26, 2006 08:00 AM
Secretary of State

DOCUMENT # N28392

1. Entity Name
MISS LARGO SCHOLARSHIP PAGENT, INC.



Principal Place of Business
**P.O. BOX 731
LARGO, FL 34649-0731**

Mailing Address
**P.O. BOX 731
LARGO, FL 34649-0731**



05232006 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CLARK, LINDA K
7139 PARKSIDE VILLAS DR. NO.
SAINT PETERSBURG, FL 33709**

**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

Linda K. Clark
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5/23/06

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DVP
NAME	GRAY, DENNIS
STREET ADDRESS	12850 DARKNU ST
CITY-STATE-ZIP	HUDSON, FL 33667
TITLE	DT
NAME	WEBER, HEATHER
STREET ADDRESS	6024 66TH TERR
CITY-STATE-ZIP	PINELLAS PARK, FL 33781
TITLE	OS
NAME	CLARK, LINDA KAY
STREET ADDRESS	7139 PARKSIDE VILLAS DRIVE NORTH
CITY-STATE-ZIP	ST PETERSBURG, FL 33709
TITLE	DVP
NAME	DYMTROW, MARY
STREET ADDRESS	3142 SHORELINE DRIVE
CITY-STATE-ZIP	CLEARWATER, FL 33760
TITLE	DVP
NAME	JOCKERS, MICHELLE
STREET ADDRESS	3935 HELENA ST N.E.
CITY-STATE-ZIP	SAINT PETERSBURG, FL 33701
TITLE	DVP
NAME	KREISER, ROEYN
STREET ADDRESS	100 FORT PICKENS RD
CITY-STATE-ZIP	GULF BREEZE, FL 32561

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05/26/06-80005-005 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Linda K. Clark
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE

5/23/06 727 434-1306