2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N28392

Entity Name: MISS LARGO SCHOLARSHIP PAGENT, INC.

Current Principal Place of Business:

7139 PARKSIDE VILLAS DRIVE NORTH
ST. PETERSBURG, FL 33709

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 731
LARGO, FL 346490731

New Mailing Address:

FEI Number: 59-2920609 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CLARK, LINDA K
7139 PARKSIDE VILLAS DR. NO.
SAINT PETERSBURG, FL 33709 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: DVP ( ) Delete
Name: GRAY, DENNIS
Address: 12850 DARKNU ST
City-St-Zip: HUDSON, FL 33667

Title: DVP ( ) Delete
Name: WEBER, HEATHER
Address: 5951 67TH AVENUE
City-St-Zip: PINELLAS PARK, FL 33781

Title: DS ( ) Delete
Name: CLARK, LINDA KAY
Address: 7139 PARKSIDE VILLAS DRIVE NORTH
City-St-Zip: ST PETERSBURG, FL 33709

Title: DVP ( ) Delete
Name: DYMTROW, MARY
Address: 3142 SHORELINE DRIVE
City-St-Zip: CLEARWATER, FL 33760

Title: DVP ( ) Delete
Name: PIERCE, PATTY
Address: 5870 1113TH TERRACE NORTH
City-St-Zip: PINELLAS PARK, FL 33701

Title: DVP ( ) Delete
Name: KREISER, ROBYN
Address: 1609 WOODLAWN BEACH ROAD
City-St-Zip: GULF BREEZE, FL 32563

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:

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: LINDA KAY CLARK ED 04/29/2009

Electronic Signature of Signing Officer or Director — Date