

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N31135 (9)**

1. Corporation Name  
**MISS MARION COUNTY SCHOLARSHIP PAGEANT, INC.**



Principal Place of Business Mailing Address  
**C/O MARY K. PYLES  
1303 SE 59TH ST.  
OCALA FL 34480  
US** **855 SE 59TH ST  
OCALA FL 34480  
US**

3. Date Incorporated or Qualified **03/13/1989** 3a. Date of Last Report **10/09/1995**

21	22	23	24	25	26	27	28	29	30	31	32
2. Principal Place of Business		2a. Mailing Address		4. FEI Number		5. Certificate of Status Desired		6. Election Campaign Financing		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
855 S.E. 59th St.		855 S.E. 59th Street		59-3018193		XX		Trust Fund Contribution		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.								\$8.75 Additional Fee Required	
City & State		City & State								\$5.00 May Be Added to Fees	
Ocala, Florida		Ocala, Florida									
Zip		Country		Zip		Country		Zip		Country	
34480		USA		34480		USA		34480		USA	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PYLES, MARY K 1303 SE. 59TH ST. OCALA FL 34480				81 Name Molly A. Buffington			
				82 Street Address (P.O. Box Number is Not Acceptable) 855 Southeast 59th Street			
				83			
				84 City Ocala			
				85 Zip Code FL 34480			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Molly A. Buffington* 1/29/96  
Signature (Typed or Printed Name of Registered Agent and Agent if Applicable) (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC PYLES, MARY K 1303 SE 59TH ST OCALA FL	1.1 TITLE	DC Perry, Norman F. 702 SE 36th Avenue Ocala, FL 34471
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	DP NICHOLSON, BERTIE 1208 SE 16TH STREET OCALA FL	2.1 TITLE	DP William D. Buffington 855 SE 59th Street Ocala, FL 34480
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	DV DINKINS, KATHY RT. 1 BOX 951 FT. MCCOY FL	3.1 TITLE	DV Carolyn Roberts 1329 SE 14th Street Ocala, FL 34471
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	DST BUFFINGTON, MOLLY 855 SE 59TH ST OCALA FL	4.1 TITLE	DS Loretta McKinney 13200 SE 115th Avenue Ocklawaha, FL 32179
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	DT Diana Meierhenry 1375 SE 52nd Street Ocala, FL 34471
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	DM Molly Buffington 855 SE 59th Street Ocala, FL 34480
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Molly A. Buffington* 1/29/96 (352) 237-8347  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)