2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39698

FILED Apr 22, 2005 Secretary of State

Entity Name: THE MISS HOMESTEAD SCHOLARSHIP FOUNDATION, INCORPORATED

Current Pr	incipal Place	of Business:	New Prince	New Principal Place of Business:		
378 SW 6 S FLORIDA C	STREET CITY, FL 33034	US				
Current Mailing Address:			New Maili	New Mailing Address:		
378 SW 6 STREET FLORIDA CITY, FL 33034 US						
FEI Number:	65-0281355	FEI Number Applied For ()	FEI Number Not Appl	licable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New					f New Registered Agent:	
SCOTT, MA 378 SW 6 S FLORIDA C		l US				
The above in the State		ubmits this statement for the pu	irpose of changing i	ts registered	d office or registered agent, or both,	
SIGNATUR	:E:					
	Electroni	c Signature of Registered Ager	nt		Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () I SCOTT, MARIA 378 SW 6 STRE FLORIDA CITY,		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	T () I JONES, RITA 1192 NIGHTHAW HOMESTEAD, FI		Title: Name: Address: City-St-Zip:	VALENCIA, \	PPECKER ST	
Title: Name: Address: City-St-Zip:	VP () I LARA, TAMMY 1593 FLAMIGO (HOMESTEAD, FI		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	S () I COTTO, MYRNA 16901 SW 304TI HOMESTEAD, FI	H STREET	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D () I DELEON, LISA 556 SW 7TH STI FLORIDA CITY,		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D () I KLEIN, SALLY 378 S.W. 6TH S' FLORIDA CITY,		Title: Name: Address: City-St-Zip:		() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: YESI VALENCIA T 04/22/2005