

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90372 032 ****61.25

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03282006 Chg-NP CR2E037 (11/05)

DOCUMENT # N39698 1. Entity Name THE MISS HOMESTEAD SCHOLARSHIP FOUNDATION, INCORPORATED					
Principal Place of Business 378 SW 6 STREET FLORIDA CITY, FL 33034 US			Mailing Address 378 SW 6 STREET FLORIDA CITY, FL 33034 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0281355	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SCOTT, MARIA 378 SW 6 STREET FLORIDA CITY, FL 33034				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCOTT, MARIA 378 SW 6 STREET FLORIDA CITY, FL 33034		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VALENCIA, YESENIA D 1328 WOODPECKER ST HOMESTEAD, FL 33035		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LARA, TAMMY 1593 FLAMIGO CT HOMESTEAD, FL 33030		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COTTO, MYRNA 16901 SW 304TH STREET HOMESTEAD, FL 33032		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELEON, LISA 556 SW 7TH STREET FLORIDA CITY, FL 33034		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Mary Jane Trent 32305 SW 200 Court Homestead, FL 33030	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLEIN, SALLY 378 S.W. 6TH STREET FLORIDA CITY, FL 33034		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>[Signature]</i> YESENIA VALENCIA 3/28/06 305-245-2211					