

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39698

FILED
Apr 14, 2009
Secretary of State

Entity Name: THE MISS HOMESTEAD SCHOLARSHIP FOUNDATION, INCORPORATED

Current Principal Place of Business:

815 NORTH HOMESTEAD BLVD #252
HOMESTEAD, FL 33030 US

New Principal Place of Business:

Current Mailing Address:

815 NORTH HOMESTEAD BLVD #252
HOMESTEAD, FL 33030 US

New Mailing Address:

FEI Number: 65-0281355 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MEZA, BEATRICE
815 NORTH HOMESTEAD BLVD #252
HOMESTEAD, FL 33030 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: P () Delete
Name: MEZA, BEATRICE
Address: 815 NORTH HOMESTEAD BLVD #252
City-St-Zip: HOMESTEAD, FL 33030

Title: VP () Delete
Name: SOPKO, MELISSA
Address: 220 NE 12 AVENUE LOT 78
City-St-Zip: HOMESTEAD, FL 33030

Title: S () Delete
Name: COTTO, MYRNA
Address: 16901 SW 304TH STREET
City-St-Zip: HOMESTEAD, FL 33032

Title: D () Delete
Name: TRENT, MARY JANE
Address: 32306 SW 200 CRT
City-St-Zip: HOMESTEAD, FL 33030

Title: D () Delete
Name: KLEIN, SALLY
Address: 26000 SW 204 AVE
City-St-Zip: HOMESTEAD, FL 330330

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ED (X) Change () Addition
Name: MCLEAN, EVELYN
Address: 878 NW 10TH ST
City-St-Zip: HOMESTEAD, FL 33030

Title: D (X) Change () Addition
Name: MEZA, BEATRICE
Address: 815 N HOMESTEAD BLVD, #252
City-St-Zip: HOMESTEAD, FL 33030

Title: T (X) Change () Addition
Name: COTTO, MYRNA
Address: 4112 NE 24TH STREET
City-St-Zip: HOMESTEAD, FL 33033

Title: VP (X) Change () Addition
Name: TRENT, MARY JANE
Address: 32305 SW 200 CRT
City-St-Zip: HOMESTEAD, FL 33030

Title: VP (X) Change () Addition
Name: KLEIN, SALLY
Address: 26000 SW 204 AVE
City-St-Zip: HOMESTEAD, FL 330330

Title: S () Change (X) Addition
Name: BASOM, SANDY
Address: 1849 SE 20TH AVENUE
City-St-Zip: HOMESTEAD, FL 33035

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: MYRNA E COTTO

T

04/14/2009

Electronic Signature of Signing Officer or Director

_____ Date