

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 # N49275 (3)

1. Corporation Name

MISS SEMINOLE SCHOLARSHIP PAGEANT, INC.



Principal Place of Business

Mailing Address

8640 SEMINOLE BLVD
SEMINOLE FL 34642
US

8640 SEMINOLE BLVD
SEMINOLE FL 34642
US

3. Date Incorporated or Qualified
06/09/1992

3a. Date of Last Report
03/29/1995

2. Principal Place of Business
21 8640 SEMINOLE BLVD

2a. Mailing Address
26 8640 SEMINOLE BLVD

4. FEI Number
59-3127534

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

22 City & State
23 SEMINOLE FL

27 City & State
28 SEMINOLE FL

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

24 Zip
33772

25 Country
USA

29 Zip
33772

30 Country
USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CATON, RICHARD P.
7843 SEMINOLE BLVD
SEMINOLE FL 34646

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code
33772

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DT
DUNN, SUE
12424 JULIA ST
SEMINOLE FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DV
SEBRING, BRAD
8484 125TH CT N
SEMINOLE FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DS
DAYTON, CAROL
9817 N 125 ST
SEMINOLE FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
BURKE, KENNETH
8640 SEMINOLE BLVD
SEMINOLE FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
CALLENDER, KATHY
13430 N 74 AVE
SEMINOLE FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DV
CATON, REGINA
12395 MONARCH CIR
SEMINOLE FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/19/96 813 317-5571
Date Daytime Phone #

CP2E037 (12/95)