2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# N49275

Entity Name: MISS SEMINOLE SCHOLARSHIP PAGEANT, INC.

Current Principal Place of Business:

14823 SEMINOLE TRAIL
SEMINOLE, FL 33776 US

New Principal Place of Business:

Current Mailing Address:

14823 SEMINOLE TRAIL
SEMINOLE, FL 33776 US

New Mailing Address:

FEI Number: 59-3127534 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CATON, RICHARD P.
7843 SEMINOLE BLVD
SEMINOLE, FL 33772 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: DP ( ) Delete
Name: HLAS, HENNY
Address: 14823 SEMINOLE TRAIL
City-St-Zip: SEMINOLE, FL 33776 US

Title: D ( ) Delete
Name: MORRIS, MARY
Address: 483 HARBOR DRIVE SOUTH
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: D ( ) Delete
Name: SERATA, JUDY
Address: 8273-131 WAY NORTH
City-St-Zip: SEMINOLE, FL 33776

Title: D ( ) Delete
Name: MEYER, JESSICA
Address: 11915-81 AVE NORTH
City-St-Zip: SEMINOLE, FL 33776

Title: D ( ) Delete
Name: MEYER, BARBARA
Address: 11915-81 AVENUE NORTH
City-St-Zip: SEMINOLE, FL 33772

Title: D ( ) Delete
Name: ALLWOOD, CARRIE
Address: 9861-119 WAY NORTH
City-St-Zip: SEMINOLE, FL 33772

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: HENNY B. HLAS ED 04/30/2004

Electronic Signature of Signing Officer or Director — Date