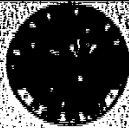


**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Horne
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 AM 7:23

DOCUMENT # N93000001208 (8)

1. Corporation Name

**MISS WAKULLA COUNTY SCHOLASTIC FUND COMMITTEE, I
NC.**

Principal Place of Business

Mailing Address

**POST OFFICE BOX 73
PANACEA FL 32346**

**POST OFFICE BOX 73
PANACEA FL 32346**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/07/1993

3a. Date of Last Report

12/01/1994

4. FEI Number

59-2868366

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

5. Certificate of Status Desired ☐

\$6.75 Additional

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

7. Nonprofit with IRS 501(c)(3)

\$68.75 Supplemental

Tax Exempt Status ☐

Fee Not Required

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

**POSEY, SHERRIE
HWY. 98
PANACEA FL 32346**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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

**DP
POSEY, SHERRIE
HIGHWAY 98
PANACEA FL 32346**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DVS
VANCE, MARSHA
EGRET LANE
CRAWFORDVILLE FL 32327**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DT
VAUSE, JUNE
TALL TIMERS
CRAWFORDVILLE 32 327**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
CRABTREE, DENISE
COUNTY RD. 370 LOT A338
ALLIGATOR POINT FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
HENDERSON, ANN
REHWINKEL ROAD
CRAWFORDVILLE FL 32327**

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP ☐ Change ☐ Addition

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP ☐ Change ☐ Addition

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP ☐ Change ☐ Addition

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP ☐ Change ☐ Addition

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP ☐ Change ☐ Addition

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

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 110.07(3)(b), 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 its 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 in an attached report with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June C. Vause **June C. Vause** 3/24/95 (904) 926-7111