CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental 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

POSEY, SHERRIE
HWY. 98
PANACEA FL 32346

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	POSEY, SHERRIE	12 NAME	
STREET ADDRESS	HIGHWAY 98	13 STREET ADDRESS	
CITY-ST-ZIP	PANACEA FL 32346	14 CITY-ST-ZIP	
TITLE	DVS	21 TITLE	☐ Change ☐ Addition
NAME	VANCE, MARSHA	22 NAME	
STREET ADDRESS	EGRET LANE	23 STREET ADDRESS	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	24 CITY-ST-ZIP	
TITLE	DT	31 TITLE	☐ Change ☐ Addition
NAME	VAUSE, JUNE	32 NAME	
STREET ADDRESS	TALL TIMERS	33 STREET ADDRESS	
CITY-ST-ZIP	CRAWFORDVILLE 32 327	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	CRABTREE, DENISE	42 NAME	
STREET ADDRESS	COUNTY RD. 370 LOT A336	43 STREET ADDRESS	
CITY-ST-ZIP	ALIGATOR POINT FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	HENDERSON, ANN	52 NAME	
STREET ADDRESS	REHWINKEL ROAD	53 STREET ADDRESS	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(3)(i), 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: June C Vause June C Vause 3/24/95 (904)926-7111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number