

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 # N93000001208 (8)

1. Corporation Name

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

Principal Place of Business

**POST OFFICE BOX 73
PANACEA FL 32346**

Mailing Address

**POST OFFICE BOX 73
PANACEA FL 32346**



3. Date Incorporated or Qualified

04/07/1993

3a. Date of Last Report

03/29/1995

4. FEI Number

59-2868366

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

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

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

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 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

TITLE **DP** ☐ DELETE
NAME **POSEY, SHERRIE**
STREET ADDRESS **HIGHWAY 98**
CITY-ST-ZIP **PANACEA FL 32346**

TITLE **DVS** ☐ DELETE
NAME **VANCE, MARSHA**
STREET ADDRESS **EGRET LANE**
CITY-ST-ZIP **CRAWFORDVILLE FL 32327**

TITLE **DT** ☐ DELETE
NAME **VAUSE, JUNE**
STREET ADDRESS **TALL TIMERS**
CITY-ST-ZIP **CRAWFORDVILLE 32 327**

TITLE **D** ☐ DELETE
NAME **CRABTREE, DENISE**
STREET ADDRESS **COUNTY RD. 370 LOT A336**
CITY-ST-ZIP **ALIGATOR POINT FL**

TITLE **D** ☐ DELETE
NAME **HENDERSON, ANN**
STREET ADDRESS **REHWINKEL ROAD**
CITY-ST-ZIP **CRAWFORDVILLE FL 32327**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(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

June C. Vause
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/96
Date

(904) 926-7111
Daytime Phone #

CR2E037 (12/95)