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# Mar 13 1997 8:00am
# Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
**1997**

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 | Mailing Address |
|---|---|
| POST OFFICE BOX 73<br>PANACEA FL 32346 | POST OFFICE BOX 73<br>PANACEA FL 32346-0073 |

| | |
|---|---|
| 3. Date Incorporated or Qualified: 04/07/1993 | 3a. Date of Last Report: 05/01/1996 |
| 4. FEI Number: 59-2868366 | ☐ Applied For ☐ Not Applicable |
| 5. Certificate of Status Desired ☐ | **$8.75** Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution ☐ | **$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 Section 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: (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE: DP | ☐ DELETE | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME: POSEY, SHERRIE | | 1.2 NAME | |
| STREET ADDRESS: HIGHWAY 98 | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP: PANACEA FL 32346 | | 1.4 CITY-ST-ZIP | |
| TITLE: DVS | ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME: VANCE, MARSHA | | 2.2 NAME | |
| STREET ADDRESS: EGRET LANE | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP: CRAWFORDVILLE FL 32327 | | 2.4 CITY-ST-ZIP | |
| TITLE: DT | ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME: VAUSE, JUNE | | 3.2 NAME | |
| STREET ADDRESS: TALL TIMERS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP: CRAWFORDVILLE 32 327 | | 3.4 CITY-ST-ZIP | |
| TITLE: D | ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME: CRABTREE, DENISE | | 4.2 NAME | |
| STREET ADDRESS: COUNTY RD. 370 LOT A336 | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP: ALIGATOR POINT FL | | 4.4 CITY-ST-ZIP | |
| TITLE: D | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME: HENDERSON, ANN | | 5.2 NAME | |
| STREET ADDRESS: REHWINKEL ROAD | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP: CRAWFORDVILLE FL 32327 | | 5.4 CITY-ST-ZIP | |
| TITLE: | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME: | | 6.2 NAME | |
| STREET ADDRESS: | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP: | | 6.4 CITY-ST-ZIP | |

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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 added by attachment with an address.

**SIGNATURE:** June C. Vause June C. Vause 3/10/97 (904)926-7111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number