

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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, INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 73  
PANACEA FL 32346

POST OFFICE BOX 73  
PANACEA FL 32346

2. Principal Place of Business

2a. Mailing Address

21 Coastal Highway  
Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Panama, FL  
Zip Country

28 Zip Country

24 32346 25 Wakulla

9. Name and Address of Current 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 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, type or print name of registered agent and title if applicable

INCOME Registered Agent signature, required when reinstating

DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
DP	POSEY, SHERRIE	HIGHWAY 98	PANACEA FL 32346
DVS	VANCE, MARSHA	EGRET LANE	CRAWFORDVILLE FL 32327
DT	VAUSE, JUNE	TALL TIMERS	CRAWFORDVILLE 32 327
D	CRABTREE, DENISE	COUNTY RD. 370 LOT A336	ALIGATOR POINT FL
D	HENDERSON, ANN	REHWINKEL ROAD	CRAWFORDVILLE FL 32327

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-STATE-ZIP
2.1 TITLE <td>2.2 NAME</td> <td>2.3 STREET ADDRESS</td> <td>2.4 CITY-STATE-ZIP</td>	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-STATE-ZIP
3.1 TITLE <td>3.2 NAME</td> <td>3.3 STREET ADDRESS</td> <td>3.4 CITY-STATE-ZIP</td>	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-STATE-ZIP
4.1 TITLE <td>4.2 NAME</td> <td>4.3 STREET ADDRESS</td> <td>4.4 CITY-STATE-ZIP</td>	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-STATE-ZIP
5.1 TITLE <td>5.2 NAME</td> <td>5.3 STREET ADDRESS</td> <td>5.4 CITY-STATE-ZIP</td>	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-STATE-ZIP
6.1 TITLE <td>6.2 NAME</td> <td>6.3 STREET ADDRESS</td> <td>6.4 CITY-STATE-ZIP</td>	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-STATE-ZIP

14. I 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 on an attachment with an address.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June C. Vause

9/28/98 (850) 926-7111

FILED  
Oct 08 1998 8:00am  
Secretary of State



3. Date Incorporated or Qualified

04/07/1993

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

7. Is this nonprofit corporation a homeowners association?

Yes No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

Yes No

10. Name and Address of New Registered Agent

CR2E037 (5/98)