

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90111 025 ****61.25

DOCUMENT # N93000001208

1. Corporation Name

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

Principal Place of Business

COASTAL HIGHWAY
PANACEA FL 32346
US

Mailing Address

POST OFFICE BOX 73
PANACEA FL 32346



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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

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

June C. Vause

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

32 Tall Timbers

83

84 City

Crawfordville

FL

85 Zip Code

32327

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
NAME POSEY, SHERRIE
STREET ADDRESS HIGHWAY 98
CITY-ST-ZIP PANACEA FL 32346 ☒ DELETE

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DC ☒ Change ☐ Addition
1.2 NAME DAVIS, Michelle
1.3 STREET ADDRESS 579 Lawhon Mill Rd.
1.4 CITY-ST-ZIP Crawfordville, FL 32327

2.1 TITLE DVS ☒ Change ☐ Addition
2.2 NAME Lewis, Carolyn
2.3 STREET ADDRESS 29 Evallee Rd.
2.4 CITY-ST-ZIP Crawfordville, FL 32327

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

4.1 TITLE D ☐ Change ☐ Addition
4.2 NAME DAY, Sharon
4.3 STREET ADDRESS 224 Harvey Mill Rd.
4.4 CITY-ST-ZIP Crawfordville, FL 32327

5.1 TITLE D ☐ Change ☐ Addition
5.2 NAME Kerell, Marian
5.3 STREET ADDRESS 8 Cottonwood St.
5.4 CITY-ST-ZIP Crawfordville, FL 32326

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June C. Vause 4/29/99 (850) 926-7111

CR2E037 (11/98)