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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N96000006523

1. Corporation Name

MISS OSCEOLA COUNTY SCHOLARSHIP PAGEANT, INC.

Principal Place of Business

Mailing Address

700 W. VINE STREET
KISSIMMEE FL 34741

700 W. VINE STREET
KISSIMMEE FL 34741



2. Principal Place of Business

21 100 NORTH STEWART AVE.

Suite, Apt. #, etc.

22

City & State

23 KISSIMMEE, FL.

Zip

24 34741

Country

25 usa

2a. Mailing Address

26 100 NORTH STEWART AVE.

Suite, Apt. #, etc.

27

City & State

28 KISSIMMEE, FL.

Zip

29 34741

Country

30 usa

3. Date Incorporated or Qualified

12/18/1996

4. FEI Number

59-3469949

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

WILSON, BRUCE
700 W. VINE STREET
KISSIMMEE FL 34741

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 D ☐ DELETE
NAME WILSON, BRUCE
STREET ADDRESS 700 W. VINE ST
CITY-ST-ZIP KISSIMMEE FL 34741

TITLE D ☐ DELETE
NAME MILLER, RICHARD
STREET ADDRESS UNIV OF CENTRAL FLA #281, BLDG. 40
CITY-ST-ZIP ORLANDO FL 32816-2993

TITLE D ☐ DELETE
NAME JAMES, JUDY
STREET ADDRESS 1796 LISA LANE
CITY-ST-ZIP KISSIMMEE FL 34741

TITLE D ☐ DELETE
NAME PARMER, EARLINE
STREET ADDRESS 1008 BARCELONA DRIVE
CITY-ST-ZIP KISSIMMEE FL 34741

TITLE D ☐ DELETE
NAME WALLER, MARGARET
STREET ADDRESS 12 S VERNON AVE
CITY-ST-ZIP KISSIMMEE FL 34741

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SAME ☒ Change ☐ Addition
1.2 NAME SAME
1.3 STREET ADDRESS 2019 BALBOA WAY
1.4 CITY-ST-ZIP KISSIMMEE, FL. 34741

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 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:

Bruce Wilson
BRUCE WILSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/99

407,846-3838

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