

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004473

Entity Name: MISS FLORIDA SCHOLARSHIP PAGEANT, INC.**Current Principal Place of Business:**36802 SUWANEE WAY
DADE CITY, FL 33525**Current Mailing Address:**P O BOX 92865
LAKELAND, FL 33804 US**FEI Number:** 45-0484843**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WILLIAMS, JERRELL
36802 SUWANEE WAY
DADE CITY, FL 33525 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** JERRELL WILLIAMS

04/30/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN
Name WILLIAMS, JERRELL KEITH
Address P. O. BOX 1775
City-State-Zip: DADE CITY FL 33526

Title DIRECTOR
Name JUDGE, DANA
Address 3503 SEA VIEW STR.
City-State-Zip: SARASOTA FL 34239

Title DIRECTOR
Name OTAZO, MARY
Address 3142 SHORELINE DR.
City-State-Zip: CLEARWATER FL 33760

Title DIRECTOR
Name STORMS, NORMA
Address 2700-101 MIZELL AVENUE
City-State-Zip: AMELIA ISLAND FL 33034

Title SECRETARY
Name TOPPING, MICHELLE
Address 2980 HAINES BAYSHORE RD
160
City-State-Zip: CLEARWATER FL 33760-1524

Title DIRECTOR
Name KEPRIOS, KRIS
Address 2701 LAKE MYRTLE PARK RD.
City-State-Zip: AUBURNDAL E FL 33823

Title DIRECTOR
Name MAZZARANTANI, SANDRA
Address 5409 DOWNHAM MEADOWS
City-State-Zip: SARASOTA FL 34235

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JERRELL KEITH WILLIAMS

CHAIRMAN

04/30/2019

Electronic Signature of Signing Officer/Director Detail

Date