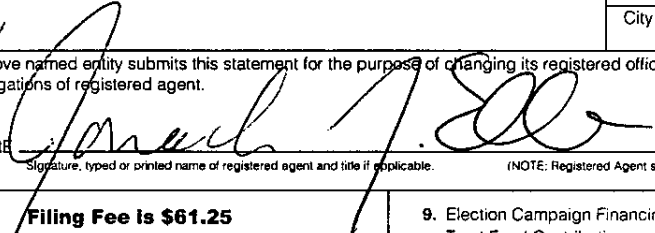
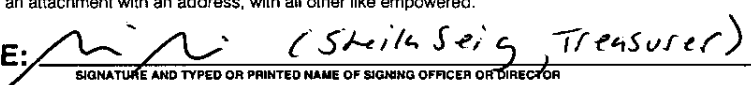


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90033 019 ****61.25

DOCUMENT # 720119 1. Entity Name GASPARILLA FESTIVAL OF THE ARTS, INC.						
Principal Place of Business P.O. BOX 10591 TAMPA, FL 33679			Mailing Address P.O. BOX 10591 TAMPA, FL 33679			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.				
City & State		City & State		01272004 Chg-NP CR2E037 (10/03)		
4. FEI Number 23-7112792		Applied For ☐ Not Applicable				
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent ELLIS, JONATHAN 100 N. TAMPA ST., SUITE 3500 TAMPA, FL 33602		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. 2/19/04 DATE						
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees		
Make check payable to Florida Department of State						
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MEYER, GEOFF 808 S. EDISON AVENUE TAMPA, FL 33606	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO Jonathan Ellis 100 N. Tampa St. Suite 3500 Tampa, FL 33602	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ELLIS, JONATHAN 100 N. TAMPA ST., SUITE 3500 TAMPA, FL 33602	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VO Doug McKay 206 Floribaska Ave. Tampa, FL 33603	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VOORHIS, JILL 2390 26TH AVENUE NORTH SAINT PETERSBURG, FL 33713	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SO melinda Chavez 2631 Jetton Ave. Tampa, FL	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SEIG, SHEILA 841 S. DAKOTA AVE. TAMPA, FL 33606	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.						
SIGNATURE:  (Sheila Seig, Treasurer) 2/19/04 (813) 232-1343 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #						