2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005
Secretary of State

DOCUMENT# 720119

Entity Name: GASPARILLA FESTIVAL OF THE ARTS, INC.

Current Principal Place of Business:

P.O. BOX 10591
TAMPA, FL 336790591

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 10591
TAMPA, FL 336790591

New Mailing Address:

FEI Number: 23-7112792 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ELLIS, JONATHAN
100 N. TAMPA ST., SUITE 3500
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

ELLIS, JONATHAN
101 E. KENNEDY BLVD.
SUITE 2800
TAMPA, FL 33602 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: _____ 04/25/2005
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ELLIS, JONATHAN
Address: 100 N. TAMPA ST., STE. 3500
City-St-Zip: TAMPA, FL 33602 US

Title: VD ( ) Delete
Name: MCKAY, DOUG
Address: 206 FLORIBRASKA AVE.
City-St-Zip: TAMPA, FL 33603

Title: SD ( ) Delete
Name: CHAVEZ, MELINDA
Address: 2631 JETTON AVE.
City-St-Zip: TAMPA, FL 33603

Title: TD ( ) Delete
Name: SEIG, SHEILA
Address: 841 S. DAKOTA AVE.
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MCKAY, DOUGLAS
Address: 206 FLORIBRASKA AVE.
City-St-Zip: TAMPA, FL 33603 US

Title: VD (X) Change ( ) Addition
Name: GAYNOR, CAROL
Address: 4141 BAYSHORE BLVD. #801
City-St-Zip: TAMPA, FL 33611

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: STORM, CHIP
Address: 1913 DEKLE AVE.
City-St-Zip: TAMPA, FL 33606

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: DOUGLAS MCKAY PRES 04/25/2005
Electronic Signature of Signing Officer or Director — Date