2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# 720119

Entity Name: GASPARILLA FESTIVAL OF THE ARTS, INC.

Current Principal Place of Business:

2907 BAY TO BAY BOULEVARD
SUITE 201
TAMPA, FL 33629 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 10591
TAMPA, FL 336790591 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

ELLIS, JONATHAN
101 E. KENNEDY BLVD.
SUITE 2800
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	SANCHEZ, ROBERT	
Address:	2907 BAY TO BAY BLVD., SUITE 201	
City-St-Zip:	TAMPA, FL 33629 US	
Title:	VD	( ) Delete
Name:	MCCOY, MAC	
Address:	4221 W. BOY SCOUT BLVD., SUITE 1000	
City-St-Zip:	TAMPA, FL 33607 US	
Title:	SD	( ) Delete
Name:	MCKIE, JENNIFER	
Address:	386 COUNTRYSIDE KEY BLVD.	
City-St-Zip:	OLDSMAR, FL 34677 US	
Title:	TD	( ) Delete
Name:	CORSO, JOHN	
Address:	301 E. SLIGH AVENUE	
City-St-Zip:	TAMPA, FL 33604 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ROBERT C. SANCHEZ P 04/28/2008

Electronic Signature of Signing Officer or Director — Date