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Apr 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **722233** **(4)**

1. Corporation Name

CEDAR KEY SIDEWALK ARTS AND FINE CRAFTS FESTIVAL , INC.

Principal Place of Business	Mailing Address
P.O. BOX 298 CEDAR KEY FL 32625	P.O. BOX 298 CEDAR KEY FL 32625

3. Date Incorporated or Qualified: 12/08/1971

4. FEI Number: 23-7208103 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

RICHBURG, BERTIE M.
THIRD STREET
CEDAR KEY FL 32625

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 Bertie M Richburg — Bertie M. Richburg — 3-20-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	RICHBURG, BERTIE M		1.2 NAME		
STREET ADDRESS	BOX 392, LIVE OAK ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	CEDAR KEY, FL 00000		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JOHANNESEN, HELEN		2.2 NAME		
STREET ADDRESS	BOX 2, 3RRD STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	CEDAR KEY, FL 00000		2. 4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MCCAIN, THELMA		3.2 NAME		
STREET ADDRESS	P.O. BOX 4, BAY ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	CEDAR KEY, FL 00000		3.4. CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	THOMPSON, BARBARA		4. 2 NAME		
STREET ADDRESS	BOX 26, BAY ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	CEDAR KEY 00000 FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	RICHBURG, LEE		5.2 NAME		
STREET ADDRESS	BOX 2, 3RD ST.		5.3 STREET ADDRESS		
CITY-ST-ZIP	CEDAR KEY FL 0		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MANGUM, GARY		6.2 NAME		
STREET ADDRESS	2 DELL CIRCLE		6.3 STREET ADDRESS		
CITY-ST-ZIP	TRAVELERS REST SC 29690		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.

SIGNATURE: Bertie M. Richburg — 3-20-98 — 352-543543b

CR2E037 (10/97)