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95 MAY -1 AM 10:15

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 735895 (5)
1. Corporation Name
BACH FESTIVAL OF CENTRAL FLORIDA, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

6125 YARBOROUGH LANE P.O. BOX 2764 LAKELAND FL 33806-2764 US

6125 YARBOROUGH LANE P.O. BOX 2764 LAKELAND FL 33806-2764 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

3. Date Incorporated or Qualified 05/24/1976 3a. Date of Last Report 05/01/1994

4. FEI Number 51-0204813 Applied For Not Applicable

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

SHORT, DAVID
1015 HWY 540W
WINTER HAVEN FL 33880

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when constituting) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	OV
NAME	PETTIT, HARRY
STREET ADDRESS	5115 N. SOCRUM LOOP RD, #463
CITY - ST - ZIP	LAKELAND FL
TITLE	OT
NAME	SHORT, DAVID
STREET ADDRESS	1015 HWY 540 W
CITY - ST - ZIP	WINTER HAVEN FL
TITLE	OP
NAME	OTTEN, DAVID
STREET ADDRESS	6125 YARBROUGH LANE
CITY - ST - ZIP	LAKELAND FL
TITLE	OS
NAME	KOON, WILEY E
STREET ADDRESS	123 OLD SPANISH WAY
CITY - ST - ZIP	WINTER HAVEN, FL 00000
TITLE	DS
NAME	MCGUIRE, ROBERT
STREET ADDRESS	375 W CUMMINGS ST
CITY - ST - ZIP	LAKE ALFRED, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	DAVID OTTEN	
13 STREET ADDRESS	6125 YARBOROUGH LANE	
14 CITY - ST - ZIP	LAKELAND FL	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 of this report, or on an attachment with an address.

SIGNATURE: David Otten DATE: April 28/95 Uplink Press # 2935655