

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **735895** (5)

1. Corporation Name
BACH FESTIVAL OF CENTRAL FLORIDA, INC.



Principal Place of Business: 6125 YARBOROUGH LANE, P.O. BOX 2764, LAKELAND FL 33806-2764, US
Mailing Address: 6125 YARBOROUGH LANE, P.O. BOX 2764, LAKELAND FL 33806-2764, US

3. Date Incorporated or Qualified: **05/24/1976**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: 21 **1052 Clearview Ave.**
2a. Mailing Address: 26 **1052 Clearview Ave.**
22 **P.O. Box 2764**
27 **P.O. Box 2764**
23 **Lakeland, FL 33806-**
28 **Lakeland, FL.**
24 **2764** 25 **US** 29 **33806-2764** 30 **US**

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**
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: **O'Neal, Patsy M.**
82 Street Address (P.O. Box Number is Not Acceptable): **1052 Clearview Ave.**
83 **Lakeland**
84 City: **Lakeland**
85 Zip Code: **FL 33801**

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: **Patsy M. O'Neal, treasurer** DATE: **April 27, 1996**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DV	NAME: PETTIT, HARRY	1.1 TITLE: DV	1.2 NAME: Gould-Mohr, Ruth
STREET ADDRESS: 5115 N SOCRUM LOOP RD, #463	CITY-ST-ZIP: LAKELAND FL	1.3 STREET ADDRESS: 323 La Serena	1.4 CITY-ST-ZIP: Winter Haven, Fl. 33884
TITLE: DT	NAME: SHORT, DAVID	2.1 TITLE: DT	2.2 NAME: O'Neal, Patsy M.
STREET ADDRESS: 1015 HWY 540 W	CITY-ST-ZIP: WINTER HAVEN FL	2.3 STREET ADDRESS: 1052 Clearview Ave.	2.4 CITY-ST-ZIP: Lakeland, FL 33801
TITLE: P	NAME: OTTEN, DAVID	3.1 TITLE: P	3.2 NAME: Hasse, Marie
STREET ADDRESS: 6125 YARBOROUGH LANE	CITY-ST-ZIP: LAKELAND FL	3.3 STREET ADDRESS: 80 East Ridge Dr.	3.4 CITY-ST-ZIP: Haines City, FL 33844
TITLE: DC	NAME: KOON, WILEY E	4.1 TITLE: DELETED	4.2 NAME: DELETED
STREET ADDRESS: 123 OLD SPANISH WAY	CITY-ST-ZIP: WINTER HAVEN, FL 00000	4.3 STREET ADDRESS: DELETED	4.4 CITY-ST-ZIP: DELETED
TITLE: DS	NAME: MCGUIRE, ROBERT	5.1 TITLE: DS	5.2 NAME: Bartholomew, Brenda B.
STREET ADDRESS: 375 W CUMMINGS ST	CITY-ST-ZIP: LAKE ALFRED, FL 00000	5.3 STREET ADDRESS: 741 Canberra Rd. S.E.	5.4 CITY-ST-ZIP: Winter Haven, FL 33884
TITLE: [Blank]	NAME: [Blank]	6.1 TITLE: [Blank]	6.2 NAME: [Blank]
STREET ADDRESS: [Blank]	CITY-ST-ZIP: [Blank]	6.3 STREET ADDRESS: [Blank]	6.4 CITY-ST-ZIP: [Blank]

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 119.07(3)(k), 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: **Marie Hasse** DATE: **4-27-96** DAYTIME PHONE #: **941-439-3055**

CR2E037 (12/95)