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May 14 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 # 735895 (5)
1. Corporation Name
BACH FESTIVAL OF CENTRAL FLORIDA, INC.



Principal Place of Business Mailing Address

1052 CLEARVIEW AVE P.O. BOX 2764 LAKELAND FL 33806-2764 US

1052 CLEARVIEW AVE. P.O. BOX 2764 LAKELAND FL 33806-2764 US

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

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. 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

O'NEAL, PATSY M
1052 CLEARVIEW AVE.
LAKELAND FL 33801

10. Name and Address of New Registered Agent

81 Name
MARK A. STOLZ

82 Street Address (P.O. Box Number is Not Acceptable)
4008 MAHOGANY RUN SE

83

84 City
WINTER HAVEN FL

85 Zip Code
33884

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 *[Signature]* DATE 4/29/98

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DV	<input type="checkbox"/> DELETE
NAME	GOULD-MOHR, RUTH	
STREET ADDRESS	823 LA SERENA	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SHORT, DAVID	
STREET ADDRESS	1015 HWY 540 W	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OTTEN, DAVID	
STREET ADDRESS	6125 YARBROUGH LANE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	O'NEAL, PATSY M	
STREET ADDRESS	1052 CLEARVIEW AVE.	
CITY-ST-ZIP	LAKELAND FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	HASSE, MARIE	
STREET ADDRESS	80 EAST RIDGE DR.	
CITY-ST-ZIP	HAINES CITY FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	BARTHOLOMEW, BRENDA B	
STREET ADDRESS	741 CANBERRA RD., S.E.	
CITY-ST-ZIP	WINTER HAVEN FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	WINTER HAVEN, FL 33884	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	1950 N. LAKE GEORGE DR	
1.3 STREET ADDRESS	WINTER HAVEN	
1.4 CITY-ST-ZIP		
2.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	WHEELER, CAROLYN	
2.3 STREET ADDRESS	1950 N. LAKE GEORGE DR	
2.4 CITY-ST-ZIP	WINTER HAVEN, FL 33884	
3.1 TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MARK A. STOLZ	
4.3 STREET ADDRESS	4008 MAHOGANY RUN SE	
4.4 CITY-ST-ZIP	WINTER HAVEN, FL 33884	
5.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DICK GREENE	
5.3 STREET ADDRESS	1705 ITCHEPACK E SASSA DR.	
5.4 CITY-ST-ZIP	LAKELAND, FL 33810-0198	
6.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	POLL CLEMONS	
6.3 STREET ADDRESS	603 FINNEY ST.	
6.4 CITY-ST-ZIP	LAKELAND, FL 33803	

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 *[Signature]* DATE 4/29/98 944-676-1411

CR2E037 (10/97)