

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735895

FILED
May 22, 2007
Secretary of State

Entity Name: BACH FESTIVAL OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

614 LAKE DEXTER CIR
WINTER HAVEN, FL 33884 US

New Principal Place of Business:

Current Mailing Address:

1052 CLEARVIEW AVE.
P.O. BOX 2764
LAKELAND, FL 338062764 US

New Mailing Address:

P.O. BOX 2764
LAKELAND, FL 338062764 US

FEI Number: 51-0204813 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

STOLZ, MARK A
614 LAKE DEXTER CIR
WINTER HAVEN, FL 33884 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: D () Delete
Name: WHEELER, CAROLYN
Address: 1950 N. LAKE ELOISE DRIVE
City-St-Zip: WINTER HAVEN, FL 33884

Title: D () Delete
Name: GARRITY, EUGENIA
Address: 4138 S POLK AVE
City-St-Zip: LAKELAND, FL 33813

Title: P () Delete
Name: STOLZ, MARK A
Address: 614 LAKE DEXTER CIR
City-St-Zip: WINTER HAVEN, FL 33884

Title: V () Delete
Name: HASSE, MARIE
Address: 80 EAST RIDGE DR.
City-St-Zip: HAINES CITY, FL 33844

Title: T () Delete
Name: SCAMEHORN, JANE
Address: 3207 HERON COVD
City-St-Zip: WINTER HAVEN, FL 33884

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:

Title: T (X) Change () Addition
Name: SCAMEHORN, JANE
Address: 3207 HERON COVE
City-St-Zip: WINTER HAVEN, FL 33884

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: JANE W. SCAMEHORN

TREA

05/22/2007

Electronic Signature of Signing Officer or Director

_____ Date