

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 15, 2009
Secretary of State**

DOCUMENT# 735895

Entity Name: BACH FESTIVAL OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

407 PARADISE ISLAND DRIVE
HAINES CITY, FL 33844 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2764
LAKELAND, FL 338062764 US

New Mailing Address:

FEI Number: 51-0204813 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HASSE, MARIE
407 PARADISE ISLAND DRIVE
HAINES CITY, FL 33844 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: P () Delete
Name: HASSE, MARIE
Address: 407 PARADISE ISLAND DRIVE
City-St-Zip: HAINES CITY, FL 33844 US

Title: D () Delete
Name: BOND, LINWOOD
Address: 1400 GRASSLANDS BLVD., #12
City-St-Zip: LAKELAND, FL 33803 US

Title: D () Delete
Name: OLDT, THOMAS R
Address: 441 E. CENTRAL AVENUE
City-St-Zip: WINTER HAVEN, FL 33880

Title: S () Delete
Name: LAMAR, DANIELLE
Address: 4113 CHAMBERS STREET
City-St-Zip: LAKE WALES, FL 33898 US

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

Title: D () Delete
Name: THOMASSON, JOHN
Address: 4142 S. POLK AVENUE
City-St-Zip: LAKELAND, FL 33813 US

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: BENNER, V. PAUL
Address: 1411 COUNTRY OAKS BLVD.
City-St-Zip: LAKE WALES, FL 33898 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARIE HASSE

P

04/15/2009

Electronic Signature of Signing Officer or Director

Date