

FILE NOW: FILING FEE IS \$61.25

FILED
May 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 754480 (2)
 1. Corporation Name
FLORIDA FOREST FESTIVAL, INC.



Principal Place of Business 428 N. JEFFERSON ST. PERRY FL 32347	Mailing Address P. O. BOX 1062 PERRY FL 32348-1062 US
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3. Date Incorporated or Qualified 10/03/1980	3a. Date of Last Report 04/26/1996
4. FEI Number 59-0772717	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$6.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 203 Forest Park Drive Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. Box 1062 Suite, Apt. #, etc.
22 City & State 23 Perry, Florida	27 City & State 28 Perry, Florida
24 Zip 32347	25 Country US
29 Zip 32348	30 Country US

9. Name and Address of Current Registered Agent PARKER, GREG 411 N. WASHINGTON ST. PERRY FL 32347		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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, DAVID	1.2 NAME	WHITFIELD, RAY
STREET ADDRESS	428 N JEFFERSON ST	1.3 STREET ADDRESS	203 Forest Park Drive
CITY-ST-ZIP	PERRY FL	1.4 CITY-ST-ZIP	Perry, Florida 32347
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLCOTT, RICK	2.2 NAME	Olcott, Rick
STREET ADDRESS	428 N JEFFERSON ST	2.3 STREET ADDRESS	203 Forest Park Drive
CITY-ST-ZIP	PERRY, FL 00000	2.4 CITY-ST-ZIP	Perry, Florida 32347
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAY, EVELYN	3.2 NAME	Day, Evelyn
STREET ADDRESS	428 N. JEFFERSON ST.	3.3 STREET ADDRESS	203 Forest Park Drive
CITY-ST-ZIP	PERRY FL	3.4 CITY-ST-ZIP	Perry, Florida 32347
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, ANNE E.	4.2 NAME	Peacock, Linda
STREET ADDRESS	P. O. BOX 1062	4.3 STREET ADDRESS	203 Forest Park Drive
CITY-ST-ZIP	PERRY FL	4.4 CITY-ST-ZIP	Perry, Florida 32347
TITLE	MD <input type="checkbox"/> DELETE	5.1 TITLE	MD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, JOHN	5.2 NAME	Williams, John
STREET ADDRESS	428 N JEFFERSON ST	5.3 STREET ADDRESS	203 Forest Park Drive
CITY-ST-ZIP	PERRY FL	5.4 CITY-ST-ZIP	Perry, Florida 32347
TITLE	PC <input type="checkbox"/> DELETE	6.1 TITLE	PC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, ELVENA	6.2 NAME	Johnson, Elvena
STREET ADDRESS	P. O. BOX 1062	6.3 STREET ADDRESS	203 Forest Park Drive
CITY-ST-ZIP	PERRY FL	6.4 CITY-ST-ZIP	Perry, Florida 32347

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Ray Whitfield* **REQUIRED** **4-22-97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0000140

CR2E037 (9/96)