


FILE NOW: FILING FEE IS \$61.25

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**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90007 006 \*\*\*\*61.25

CR2E037 (11/98)

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # 754480</b> 1. Corporation Name <b>FLORIDA FOREST FESTIVAL, INC.</b>		
Principal Place of Business 203 FOREST PARK DR. PERRY FL 32347 US	Mailing Address P.O. BOX 1062 PERRY FL 32348 US	



2. Principal Place of Business 21 <b>428 N JEFFERSON ST.</b> Suite, Apt. #, etc. 22	2a. Mailing Address 26 Suite, Apt. #, etc. 27	3. Date Incorporated or Qualified <b>10/03/1980</b>
23 <b>PERRY, FL</b> City & State	28 City & State	4. FEI Number - <b>59-0772717</b> Applied For Not Applicable
24 <b>32347</b> Zip Country 25 <b>TAYLOR</b>	29 Zip Country 30	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
9. Name and Address of Current Registered Agent <b>PARKER, GREG</b> <b>411 N. WASHINGTON ST.</b> <b>PERRY FL 32347</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. Name and Address of New Registered Agent		81 Name
		82 Street Address (P.O. Box Number is Not Acceptable)
		83
		84 City <b>FL</b> 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 NAME WHITFIELD, RAY STREET ADDRESS 203 FOREST PARK DR. CITY-ST-ZIP PERRY FL	<input type="checkbox"/> DELETE	1.1 TITLE VD 1.2 NAME WHITFIELD, RAY 1.3 STREET ADDRESS 428 N JEFFERSON, PERRY, FL 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME OLCOTT, RICK STREET ADDRESS 203 FOREST PARK DR. CITY-ST-ZIP PERRY, FL 00000	<input type="checkbox"/> DELETE	2.1 TITLE TD 2.2 NAME OLCOTT, RICK 2.3 STREET ADDRESS 428 N JEFFERSON, PERRY FL 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE ST NAME DAY, EVELYN STREET ADDRESS 203 FOREST PARK DR. CITY-ST-ZIP PERRY FL	<input type="checkbox"/> DELETE	3.1 TITLE ST 3.2 NAME DAY, EVELYN 3.3 STREET ADDRESS 428 N JEFFERSON, PERRY, FL 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME PEACOCK, LINDA STREET ADDRESS 203 FOREST PARK DR. CITY-ST-ZIP PERRY FL	<input type="checkbox"/> DELETE	4.1 TITLE SD 4.2 NAME MURRAY, DAWN 4.3 STREET ADDRESS 428N JEFFERSON, PERRY, FL 4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE MD NAME WILLIAMS, JOHN STREET ADDRESS 203 FOREST PARK DR. CITY-ST-ZIP PERRY FL	<input type="checkbox"/> DELETE	5.1 TITLE D 5.2 NAME WILLIAMS, JOHN 5.3 STREET ADDRESS 428 N JEFFERSON, PERRY, FL 5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PC NAME JOHNSON, ELVENA STREET ADDRESS 203 FOREST PARK DR. CITY-ST-ZIP PERRY FL	<input type="checkbox"/> DELETE	6.1 TITLE CD 6.2 NAME GRAY, ROB 6.3 STREET ADDRESS 428 N JEFFERSON, PERRY, FL 6.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE: *Katherine Harris* **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-99 850-584-8733  
 Date Daytime Phone #