

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 01, 2003 8:00 am
Secretary of State

04-01-2003 90044 044 ****61.25

DOCUMENT # 754480



1. Entity Name
FLORIDA FOREST FESTIVAL, INC.

Principal Place of Business
**428 NORTH JEFFERSON STREET
PERRY FL 32347
US**

Mailing Address
**P.O. BOX 1062
PERRY FL 32348
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0772717**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PARKER, GREG
411 N. WASHINGTON ST.
PERRY FL 32347**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	WHITFIELD, RAY	
STREET ADDRESS	428 NORTH JEFFERSON	
CITY-ST-ZIP	PERRY FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	OLCOTT, RICK	
STREET ADDRESS	428 NORTH JEFFERSON	
CITY-ST-ZIP	PERRY FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ANGELA CASTALUCCI PEACOCK, LINDA	
STREET ADDRESS	428 NORTH JEFFERSON 428 NORTH JEFFERSON	
CITY-ST-ZIP	PERRY FL	
TITLE	CD	<input type="checkbox"/> Delete
NAME	MURRAY, DAWN	
STREET ADDRESS	428 NORTH JEFFERSON	
CITY-ST-ZIP	PERRY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, JOHN	
STREET ADDRESS	428 NORTH JEFFERSON	
CITY-ST-ZIP	PERRY FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GRAY, ROB	
STREET ADDRESS	428 NORTH JEFFERSON	
CITY-ST-ZIP	PERRY FL	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Angela Castalucci	
STREET ADDRESS	428 N Jefferson	
CITY-ST-ZIP	Perry Fl	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dan Simmons	
STREET ADDRESS	428 N Jefferson	
CITY-ST-ZIP	Perry Fl	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sick Dawn R. Murray*

CR2E037 (10/02)