

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001438

**FILED
Jul 15, 2004
Secretary of State**

Entity Name: INTERNATIONAL FRINGE FESTIVAL OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

398 WEST AMELIA ST
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

398 WEST AMELIA ST
ORLANDO, FL 32801

New Mailing Address:

FEI Number: 75-3012108 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DEWITT, SHERRI K
37 NORTH ORANGE AVE STE 840
ORLANDO, FL 32801 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: HANDSHUH, ANA
Address: 1815 DELANEY AVE
City-St-Zip: ORLANDO, FL 32806

Title: D () Delete
Name: SMITH, VIRGINIA A
Address: 20 W LUCERNE AVE #912
City-St-Zip: ORLANDO, FL 32801

Title: D () Delete
Name: CONGER, HEATHER M
Address: 914 PLAZA COURT
City-St-Zip: ORLANDO, FL 32803

Title: D () Delete
Name: DEWITT, SHERRI K
Address: 37 N ORANGE AVE STE 840
City-St-Zip: ORLANDO, FL 32801

Title: D () Delete
Name: BROWN, TINA
Address: 2510 PEEL AVE
City-St-Zip: ORLANDO, FL 32806

Title: () Delete
Name:
Address:
City-St-Zip:

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

Title: D () Change (X) Addition
Name: STOLL, CID
Address: 398 W. AMELIA STREET
City-St-Zip: ORLANDO, FL 32801

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CID STOLL

D

07/15/2004

Electronic Signature of Signing Officer or Director

Date