

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 14, 2005
Secretary of State**

DOCUMENT# N02000001438

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 ()

Name and Address of Current Registered Agent:

CRONON, C CHAD
17 N SUMMERLIN AVE
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: D () Delete
- Name: STOLL, CID
- Address: 398 W. AMELIA STREET
- City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

- Title: D (X) Change () Addition
- Name: MILLER, BARRY L
- Address: 11 N. SUMMERLIN AVENUE
- City-St-Zip: ORLANDO, FL 32801

- Title: D (X) Change () Addition
- Name: CLARK, DARRYLL L
- Address: 11 N. SUMMERLIN AVENUE
- City-St-Zip: ORLANDO, FL 32801

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

- Title: D (X) Change () Addition
- Name: BEVAN, JILL
- Address: 1600 BRYN MAWR STREET
- City-St-Zip: ORLANDO, FL 32804

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

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

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: BARRY L. MILLER

D

03/14/2005

Electronic Signature of Signing Officer or Director

Date