


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90196 022 ****61.25

DOCUMENT # N02000001438

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



Principal Place of Business
**398 WEST AMELIA ST
 ORLANDO, FL 32801**

Mailing Address
**398 WEST AMELIA ST
 ORLANDO, FL 32801**

40001411

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip
 Country

01302007 Chg-NP CR2E037 (12/06)

4. FEI Number
75-3012108

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CRONON, C CHAD
11 N. SUMMERLIN AVENUE - Suite 100
ORLANDO, FL 32801

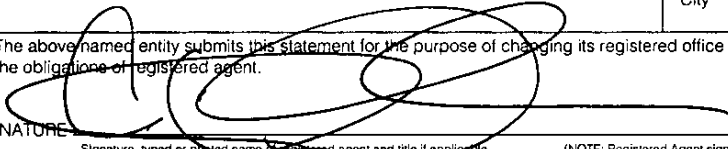
7. Name and Address of New Registered Agent

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: **4/23/07**

Filing Fee is \$61.25
Due by May 1, 2007

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

Make check payable to Florida Department of State

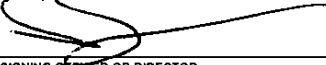
10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, BARRY L	
STREET ADDRESS	11 N. SUMMERLIN AVENUE	
CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLARK, DARRYL L	
STREET ADDRESS	11 N. SUMMERLIN AVENUE	
CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DANIEL, KELLY	
STREET ADDRESS	11 N. SUMMERLIN AVENUE	
CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HOAGLUND, WES	
STREET ADDRESS	11 N. SUMMERLIN AVENUE	
CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BURNS, MONIQUE	
STREET ADDRESS	11N. SUMMERLIN AVENUE	
CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CRONON, C CHAD	
STREET ADDRESS	11 N. SUMMERLIN AVENUE	
CITY-ST-ZIP	ORLANDO, FL 32801	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11 N. Summerlin Ave Suite 100	
STREET ADDRESS	ORLANDO, FL 32801	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11 N. Summerlin Ave Suite 100	
STREET ADDRESS	ORLANDO, FL 32801	
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 exemptions contained in Chapter 119, 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:  **4/17/07** **407-425-2400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #