

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001438

FILED
Apr 28, 2009
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 ()

Name and Address of Current Registered Agent:

CRONON, C CHAD
11 N. SUMMERLIN AVENUE
100
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: GARVEY, MIKE
Address: 11 N SUMMERLIN AVE SUITE 100
City-St-Zip: ORLANDO, FL 32801

Title: D () Delete
Name: BURNS, MONIQUE
Address: 11 N. SUMMERLIN AVENUE
City-St-Zip: ORLANDO, FL 32801

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: DOWLING, KELLY
Address: 398 WEST AMELIA STREET
City-St-Zip: ORLANDO, FL 32891

Title: D () Change (X) Addition
Name: BLAKE, MIKE
Address: 398 WEST AMELIA STREET
City-St-Zip: ORLANDO, FL 32801

Title: D () Change (X) Addition
Name: SAFREED, DARCI
Address: 398 WEST AMELIA STREET
City-St-Zip: ORLANDO, FL 32801

Title: D () Change (X) Addition
Name: MCGRATH, MATT
Address: 398 WEST AMELIA STREET
City-St-Zip: ORLANDO, FL 32803

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MIKE GARVEY

D

04/28/2009

Electronic Signature of Signing Officer or Director

_____ Date