


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000010346
 1. Entity Name
 MARIANNA ARTS FESTIVAL, INCORPORATED



Principal Place of Business Mailing Address
 4295 3RD AVENUE 4295 3RD AVENUE
 MARIANNA, FL 32446 MARIANNA, FL 32446

DO NOT WRITE IN THIS SPACE



03142005 No Chg-NP CR2E037 (10/03)

4. FEI Number 35-2219113	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BRUNNER, RICHARD G DR
 4295 3RD AVENUE
 MARIANNA, FL 32446

DO NOT WRITE IN THIS SPACE

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 reinstalling) DATE _____

Filing Fee is \$61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT BRUNNER, RICHARD G DR 4295 3RD AVENUE MARIANNA, FL 32446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT REIFF, CHARLES 4390 KELSON AVE. MARIANNA, FL 32446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KING, KAREN 2864 WILDWOOD CIR. MARIANNA, FL 32448
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000276435
 03/25/05-80040-019 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  3-23-05 (850) 526-3865

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