


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 21, 2007 8:00 am
Secretary of State

05-21-2007 90057 009 ****61.25

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| DOCUMENT # N03000010346 | |  | |
| 1. Entity Name MARIANNA ARTS FESTIVAL, INCORPORATED | | | |
| Principal Place of Business 4295 3RD AVENUE MARIANNA FL 32446 | | Mailing Address 4295 3RD AVENUE MARIANNA FL 32446 | |
| 2. Principal Place of Business - No P.O. Box # 4577 Lodge Drive Suite, Apt. #, etc. | | 3. Mailing Address P O Box 300 Suite, Apt. #, etc. | |
| City & State Marianna, Florida | | City & State Marianna, Florida | |
| Zip 32446 | Country USA | Zip 32447 | Country USA |
| 4. FEI Number 35-2219113 | | Applied For <input type="checkbox"/> 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 | | 7. Name and Address of New Registered Agent Name Jonathan Fuqua Street Address (P.O. Box Number is Not Acceptable) 2480 Highway 71 City Marianna FL Zip Code 32448 | |
| 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 <i>Char O. Reiff</i> | | SIGNATURE <i>Charles O. Reiff</i> | |
| FILE NOW: FEE IS \$81.25 Due By May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Make Check Payable to Florida Department of State | | | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | PT BRUNNER, RICHARD G DR 4295 3RD AVENUE MARIANNA FL 32446 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | PT Jonathan Fuqua 2480 Highway 71 Marianna, FL 32448 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | VT REIFF, CHARLES 4390 KELSON AVE. MARIANNA FL 32446 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | ST KING, KAREN 2864 WILDWOOD CIR. MARIANNA FL 32448 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 employment. | | | |
| SIGNATURE: <i>Char O. Reiff</i> | | DATE: 3-31-07 850-526-7655 | |