


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # N03000010346 1. Entity Name <b>MARIANNA ARTS FESTIVAL, INCORPORATED</b>	
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Principal Place of Business <b>4577 LODGE DRIVE          MARIANNA, FL 32446</b>	Mailing Address <b>P.O. BOX 300          MARIANNA, FL 32446</b>
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**DO NOT WRITE IN THIS SPACE**



04032008 No Chg-NP CR2E037 (4/06)

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

**6. Name and Address of Current Registered Agent**

**FUGUA, JONATHAN  
 2480 HIGHWAY 71  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2008**

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

U00000941955  
 05/28/08-80127-014 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT FUGUA, JONATHAN 2480 HIGHWAY 71 MARIANNA, FL 32448
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	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:**  **4-28-08** **573-0100**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #