

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N24452 (7)
1. Corporation Name
SANIBEL MUSIC FESTIVAL, INC.



Principal Place of Business Mailing Address
BOX 1623 SANIBEL FL 33957 **BOX 1623 SANIBEL FL 33957**

3. Date Incorporated or Qualified **01/21/1988** 3a. Date of Last Report **01/30/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0032845		Applied For Not Applicable	
21		26		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
22		27		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
City & State		City & State					
23		28					
Zip		Country					
24		25					
		29					
		30					

9. Name and Address of Current Registered Agent

**MURTY, TIMOTHY
1633 PERIWINKLE WAY
SANIBEL FL 33957**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAQUA, MARY	1.2 NAME	
STREET ADDRESS	3225 W GULF DR	1.3 STREET ADDRESS	
CITY - ST - ZIP	SANIBEL FL	1.4 CITY - ST - ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STENDAHL, CURTIS	2.2 NAME	
STREET ADDRESS	3135 W. GULF DRIVE #204	2.3 STREET ADDRESS	
CITY - ST - ZIP	SANIBEL FL	2.4 CITY - ST - ZIP	
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WESTHEIMER, RUTH	3.2 NAME	
STREET ADDRESS	275 FERRY LANDING DR.	3.3 STREET ADDRESS	
CITY - ST - ZIP	SANIBEL FL 33957	3.4 CITY - ST - ZIP	
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORRELL, ROBERT W	4.2 NAME	
STREET ADDRESS	1662 SERENITY LN	4.3 STREET ADDRESS	
CITY - ST - ZIP	SANIBEL FL 33957	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert W. Orrell* **ROBERT W. ORRELL**

1/18/96 **941-472-8232**
Date Daytime Phone #

CR2E037 (12/95)