FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 14 1997 8:00am

Secretary of State

1/2/57 941-472-9368

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

Principal Place of Business

N24452

(7)

Mailing Address

SANIBEL MUSIC FESTIVAL, INC.

BOX 1623 Sambel FL 33957				BOX 1623 Sanibel Fl 33957-1623													
								3.		Incorpo 01/21/			ified	3a. D	ate of La 01/29		
2. Principal Place of Business				2a. Mailing Address					. FEIN	lumber	2004	•				App	olied For
21				26						65-003	5284)				Not	Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5.	. Čerti	licate of	Status	Desire	d				dditional
22							 										quired
City & State				City & State			6.		ion Cam			ing				May Be	
Zip Country			28							Fund C				<u></u>			Fees
Zip	25	Country	-	Zip	Countr	y		8.				s liabili			tax und	ers.	199.032,
24 25 9. Name and Address of Current F				29 30 30				Florida Statutes Section 10. Name and Address of New Registered Agent									
	y, maine an	u Address of Current	negia	orana valur	81	π	Name	10.	. 140116	9 and A	100104	O OI ME	M DON	44140	VA0111		
4411000	THATTIN				L	1	110,										
MURTY, TIMOTHY					82	2	Street A	ddress (f	P.O. Bo	ox Numb	ber is I	Not Acc	eptable	9)			,
	RIWINKLE WA	NY .			83	╁											
SANIBEL	. FL 33957				"	1											
•					84	•	City							FL	85	Zip C	ode
office or re	edistered adent	, or both, in the State o	of Flori	17.1508, Florida Statut da: Such change was a f, Section 617.0503, Flo	authorized b	V	the corpo	corporation's	on sub board	mits this of direct	stater tors. I	nent for hereby	the pu accept	rpose o the app	f changi pointmen	ngits tas r	registered egistered
SIGNATURE _	Signature, lyped or p	rinled name of registered agent	and title	il applicable. (NOT	E: Registered A	en	t signature r	equired whe	n reinstal	ing)		***********	·····	DATE			
12.		OFFICERS AND	DIREC	CTORS	13.				ADDIT	IONS/C	HANG	ES TO	OFFICE	RS AN	D DIREC	TORS	S IN 12
TITLE	DP			☐ DELETE	1.1 TITLE										Char	100	Addition
NAME	JAQUA, M	ARY			1.2 NAME		İ										
STREET ADDRESS	3225 W GI	JLF DR			1.3 STREE	T/	ADDRESS										
CITY-ST-ZIP	SANIBEL F				1.4 CITY-	ST	- ZIP										
TITLE	DVP			DELETE	2.1 TITLE										☐ Char	ige	Addition
NAME	STENDAHL	., Curtis			2.2 NAME]										
STREET ADDRESS	3135 W. G	ulf drive #204			2.3 STREE	T /	address										
CITY-ST-ZIP	SANIBEL F	L			2. I CITY	- \$1											
TITLE	DS			DELETE	3.1 TITLE			05							Char	ige	Addition
NAME	WESTHEIM				3.2 NAME	:	- 1/	Barb	ERA	, 5	U51	IV					
STREET ADDRESS	275 FERRY	/ Landing DR.			3.3 STREE	ET /	ADDRESS	BARB SANI	7 13	icks	HOR	NL	ane				
CITY+ST-ZIP	SANIBEL F	L 33957			3.4. CITY	- \$1	f-ZIP .	SANI	BEL.	FU	_ 3	39	57				
TITLE	DT			☐ DELETE	4.1 TITLE										Char	ige	Addition
NAME	ORRELL, R	iobert w			4 2 NAM	E											
STREET ADDRESS	1662 SERE	ENITY LN			4.3 STREE	ET /	ADDRESS										
CITY - ST - ZIP	SANIBEL F	L 33957			4.4 CITY-	ST	-ZIP			***********							
TITLE				☐ DELETE	5.1 TITLE										Char	nge	Addition
NAME					5.2 NAME		- 1										
STREET ADDRESS					5.3 STREE	ET /	ADDRESS										
CITY-ST-ZIP					5.4 CITY-	ST	i-21P										
TITLE				☐ DELETE	6.1 TITLE										Char	108	Addition
NAME					6.2 NAME	:											
STREET ADDRESS					6.3 STREI	ET /	ADDRESS										
					B												

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.