

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 11, 2004
Secretary of State**

DOCUMENT# N24452

Entity Name: SANIBEL MUSIC FESTIVAL, INC.

Current Principal Place of Business:

BOX 1623
SANIBEL, FL 33957

New Principal Place of Business:

Current Mailing Address:

BOX 1623
SANIBEL, FL 33957

New Mailing Address:

FEI Number: 65-0032845 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MURTY, TIMOTHY
1633 PERIWINKLE WAY
SANIBEL, FL 33957 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: CLARK, NANCY
Address: 1314 ISABEL DRIVE
City-St-Zip: SANIBEL, FL 33957

Title: DVP () Delete
Name: STENDAHL, CURTIS
Address: 3135 W. GULF DRIVE #204
City-St-Zip: SANIBEL, FL

Title: SD () Delete
Name: CONGRESS, DEE
Address: 2030 SUNRISE CIRCLE
City-St-Zip: SANIBEL, FL

Title: DT () Delete
Name: ORRELL, ROBERT W
Address: 1662 SERENITY LN
City-St-Zip: SANIBEL, FL 33957

Title: DVP () Delete
Name: OSHRY, MAURICE
Address: 920 PALM CT
City-St-Zip: SANIBEL, FL 33957

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT W. ORRELL

DT

01/11/2004

Electronic Signature of Signing Officer or Director

_____ Date