

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004450

FILED
Mar 17, 2009
Secretary of State

Entity Name: NATURE COAST FESTIVAL MUSIC INCORPORATED

Current Principal Place of Business:

133 CENTER OAK CIRCLE
SPRING HILL, FL 34609

New Principal Place of Business:

Current Mailing Address:

133 CENTER OAK CIRCLE
SPRING HILL, FL 34609

New Mailing Address:

FEI Number: 59-3408626

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REID, M. ANN
133 CENTER OAK CIRCLE
SPRING HILL, FL 34609 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: SD () Delete
Name: REID, M. ANN
Address: 133 CENTER OAK CIR.
City-St-Zip: SPRING HILL, FL 34609

Title: TD () Delete
Name: CONVERSE, PAT
Address: 8479 COOPER TERR.
City-St-Zip: BROOKSVILLE, FL 34601

Title: PD () Delete
Name: KALISCAK, SANDRA
Address: 8021 DELLROSE AVENUE
City-St-Zip: BROOKSVILLE, FL 34613

Title: D () Delete
Name: CHAISSON, SHIRLEY
Address: 3159 CORONET COURT
City-St-Zip: SPRING HILL, FL 34609

Title: D () Delete
Name: PYLE, COLLEEN
Address: 295 E DERINTON DR.
City-St-Zip: BROOKSVILLE, FL 34601

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 exemption stated 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 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: M. ANN REID

SD

03/17/2009

Electronic Signature of Signing Officer or Director

Date