


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90011 035 ****61.25

DOCUMENT # N01000006844			
1. Entity Name BOOK ISLAND FESTIVAL, INC.			
Principal Place of Business P.O. BOX 824 FERNANDINA BEACH, FL 32035		Mailing Address P.O. BOX 824 FERNANDINA BEACH, FL 32035	
2. Principal Place of Business - No P.O. Box # 501 Centre St.		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Fernandina Beach, FL		City & State	
Zip 32034	Country USA	Zip	Country
6. Name and Address of Current Registered Agent SHROADS, JAMES L 914 ATLANTIC AVENUE FERNANDINA BEACH, FL 32034		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PARKER, DON 2714 LE SABRE PLACE FERNANDINA BEACH, FL 32034 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ANDERSON, DICKIE 115 MARSH LAKES DR. FERNANDINA BEACH, FL 32034 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P. Siegmond, Susan 501 Centre St. Fernandina Beach, FL 32034 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BASORE, IRENE L 4961 SPANISH LAKES DR. FERNANDINA BEACH, FL 32034 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FISHBURN, NANCY 128 N. 18TH ST. FERNANDINA BEACH, FL 32034 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D. Faccioli, A Havia 86122 Shelter Island Dr Fernandina Beach, FL 32034 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T FLOOD, FRANCIS D. 85979 HARTS ROAD YULEE, FL 32097 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D. Stanton, Peggy 3409 Sea Marsh Rd. Amelia Island, FL 32034 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STEGER, SUSAN 1750 S. 14TH ST. FERNANDINA BEACH, FL 32034 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Steger, Susan 205 Lighthouse Circle Fernandina Beach, FL 32034 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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03252007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3747966 Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/07 904-261-4372
Date Daytime Phone #