2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000006844



FILED Feb 08, 2008 8:00 am Secretary of State

Principal Place of Business No P.O. Box # P.	BOOK ISI	e LAND FESTIVAL, INC.				02-08-200	08 90037 017	****61.25		
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SPA747966 Note Applicable Se. Certificate of Status Desired Se. Total Country Se. Certificate of New Registered Agent Section Country Section	Suite, Apt. #, etc.		Suite, Apt. #, etc.		020	062008 Chg-NP	CR2E0	37 (12/06)		
S. Lectricade of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHROADS, JAMES L 914 ATLANTIC AVENUE FERNANDINA BEACH, FL 32034 City City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 1 am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. 1 am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. 1 am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. 1 am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. 1 am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. 1 am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. 1 am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. 1 am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. 1 am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. 1 am lamiliar with, and accept the obligation of registered agent, or both, in the State of Florida. 1 am lamiliar with, and accept the obligation of registered agent, or both, in the State of Florida. 1 am lamiliar with, and accept the obligation of registered agent, or both, in the State of Florida. 1 am lamiliar with, and accept the obligation of registered agent, or both, in the State of Florida. 1 am lamiliar with, and accept the obligation of registered agent, or both, in the State of Florida. 1 am lamiliar with, and accept the obligation of registered agent, or both, in the State of Florida. 1 am lamiliar with, and accept the obligation of registered agent, or both, in the State of Florida. 1 am lamiliar with, and accept the obligation of Registered Age	City & State		City & State		4 . Fl	El Number 59-3747966				
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ERNANDINA BEACH, FL 32034 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signamu, typed or preset name of ingitation agent and take if application. (NOTE Registered Agent signature required whom indications) Priling Fee is \$61.25 Due by May 1, 2008 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE PARKER, DON NAME STRETA JONESS CITY-S1-2P FERNANDINA BEACH, FL 32034 TITLE PERNANDINA BEACH, FL 32034 TITLE DISTRICT ADDRESS SIRET JONESS SIRET JONES	SHROADS	, JAMES L		Name						
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	Due by May 1, 2008 OFFICERS AND DIF D PARKER, DON 2714 LE SABRE PLACE FERNANDINA BEACH, FL 3203 P SIEGMUND, SUSAN 501 CENTRE ST FERNANDINA BEACH, FL 3203 D BASORE, IRENE L 4961 SPANISH LAKES DR. FERNANDINA BEACH, FL 3203 D FACCIOLI, HAVIA A 86122 SHELTER ISLAND DR FERNANDINA BEACH, FL 3203 D STANTON, PEGGY 3409 SEA MARSHAD AMELIA ISLAND, FL 32034 T STEGER, SUSAN 205 LIGHTHOUSE CIR	Trust Fund C	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Added ADDITION VICE PR B:11 B FOR NAA Secret Brosta 1900 R Secret Portion Vy Secret Added ADDITION Secret ANDITION	do Fees IONS/CHANGES TO CES : dent Powell South Fletcher Idina Beach, Idina Beach, Idina Beach, I Shannon IN Credit Unit I YM St. INANDINA ISE Etany EN Mary EN Mary EN Mary EN J SR 200 I L 32097 I Ron I SHA	Florida Depa OFFICERS AND D - Auc F (32034 A. F (32034 h, F (32034 h, F (32034	Change Change Change	Addition Addition	

Interest certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: