2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006844

Entity Name: BOOK ISLAND FESTIVAL, INC.

FILED Jan 15, 2009 Secretary of State

Current Principal Place of Business:			New Prin	New Principal Place of Business:		
501 CENTRE ST FERNANDINA BEACH, FL 32034 Current Mailing Address:				961687 GATEWAY BOULEVARD FERNANDINA BEACH, FL 32034 New Mailing Address:		
			New Mail			
P.O. BOX FERNAND	824 DINA BEACH, F	FL 32035				
FEI Number: 59-3747966 FEI Number Applied For () FEI			FEI Number Not App	Number Not Applicable () Certificate of Status Desired (X)		
Name and	Address of C	urrent Registered Agent:	Name and	d Address of	New Registered Agent:	
914 ATLAN FERNAND	S, JAMES L NTIC AVENUE DINA BEACH, F	FL 32034 US	urnoso of changing	its registered	Loffice or registered agent, or both	
	e of Florida.	submits this statement for the p	urpose or changing	its registered	l office or registered agent, or both	
SIGNATU	RE:					
Electronic Signature of Registered Agent			nt		Date	
OFFICERS	S AND DIREC	TORS:	ADDITIO	NS/CHANGE	S TO OFFICERS AND DIRECTO	
Title: Name: Address: City-St-Zip:	PARKER, DON 2714 LE SABR	Delete E PLACE BEACH, FL 32034	Title: Name: Address: City-St-Zip:	,	() Change () Addition	
Title: Name: Address: City-St-Zip:	SIEGMUND, SU 501 CENTRE S		Title: Name: Address: City-St-Zip:	PITCHER, MA 3116 AMELIA		
Title: Name: Address: City-St-Zip:	POWELL, BILL 3014 B S FLET		Title: Name: Address: City-St-Zip:	DEAN, TERR 4689 GENOA		
Title: Name: Address: City-St-Zip:	FACCIOLI, HAV 86122 SHELTE		Title: Name: Address: City-St-Zip:	THOMAS, DA 2105 SUNSE	(X) Change () Addition NA IT RIVER DRIVE LLE, FL 32225	
Title: Name: Address: City-St-Zip:	D () STANTON, PEG 3409 SEA MAR AMELIA ISLANI	SH RD	Title: Name: Address: City-St-Zip:	NICHOL, NIC	ATION OAKS LANE	
Title: Name: Address: City-St-Zip:	STEGER, SUSA 205 LIGHTHOU		Title: Name: Address: City-St-Zip:	SIEGMUND, 940344 OLD	(X) Change()Addition SUSAN NASSAUVILLE ROAD A BEACH, FL 32034	

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: MARY PITCHER PRES 01/15/2009