

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000719

FILED
Mar 22, 2009
Secretary of State

Entity Name: SPRINGS RIVER FESTIVAL, INC.

Current Principal Place of Business:

3971 NW 65TH AVE.
APT #1
VIRGINIA GARDENS, FL 33166

New Principal Place of Business:

Current Mailing Address:

3971 NW 65TH AVE.
APT #1
VIRGINIA GARDENS, FL 33166

New Mailing Address:

FEI Number: 59-3559286

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONSTANCE L. BRANDENBURG, P.A.
190 B. WESTWARD DRIVE
MIAMI SPRINGS, FL 33166 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: P () Delete
Name: MARR, BARBRA
Address: 311 PLOVER AVENUE
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: S () Delete
Name: TURMAN, LYGIA
Address: 152 PINECREST DRIVE
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: VP () Delete
Name: JOHNSON, MEL
Address: 109 S. ROYAL POINCIANA BLVD.
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: T () Delete
Name: HOWARD, NIURKA
Address: 3971 NW 65 AVE APT 1
City-St-Zip: MIAMI, FL 33166

Title: D () Delete
Name: DOYLE, DENNIS
Address: 6391 NW 38 TERR
City-St-Zip: VIRGINIA GARDENS, FL 33166

Title: D () Delete
Name: FREDERICK, DENISE
Address: 3867 E. 2ND AVE.
City-St-Zip: HIALEAH, FL 33013

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
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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: NIURKA HOWARD

T

03/22/2009

Electronic Signature of Signing Officer or Director

Date