

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735895

FILED
Feb 04, 2015
Secretary of State
CC1012643852

Entity Name: BACH FESTIVAL OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

407 PARADISE ISLAND DRIVE
HAINES CITY, FL 33844

Current Mailing Address:

P.O. BOX 2764
LAKELAND, FL 33806-2764 US

FEI Number: 51-0204813

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

HASSE, MARIE
407 PARADISE ISLAND DRIVE
HAINES CITY, FL 33844 US

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

Officer/Director Detail :

Title DIRECTOR
Name HASSE, MARIE
Address P.O. BOX 2764
City-State-Zip: LAKELAND FL 33806-2764

Title SECRETARY
Name BOND, LINWOOD
Address P.O. BOX 2764
City-State-Zip: LAKELAND FL 33806-2764

Title T
Name BENNER, V. PAUL
Address P.O. BOX 2764
City-State-Zip: LAKELAND FL 33806-2764

Title BOARD MEMBER
Name DAVIDSON, K C
Address P.O BOX 2764
City-State-Zip: LAKELAND FL 33806-2764

Title BOARD MEMBER
Name COBURN, FRANCES
Address P.O. BOX 2764
City-State-Zip: LAKELAND FL 33806-2764

Title BOARD MEMBER
Name SCAMEHORN, JANE
Address P.O. BOX 2764
City-State-Zip: LAKELAND FL 33806-2764

Title BOARD MEMBER, CO-FOUNDER
Name DAVIDSON, VIRGINIA DR.
Address P.O. BOX 2764
City-State-Zip: LAKELAND FL 33806-2764

I hereby 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 all other like empowered.

SIGNATURE: V. PAUL BENNER

TREASURER

02/04/2015

Electronic Signature of Signing Officer/Director Detail

Date