

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 754480

**Entity Name:** FLORIDA FOREST FESTIVAL, INC.

**Current Principal Place of Business:**

428 NORTH JEFFERSON STREET  
PERRY, FL 32347

**Current Mailing Address:**

P.O. BOX 1062  
PERRY, FL 32348 US

**FEI Number:** 59-0772717

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SMITH, MIKE  
411 N. WASHINGTON ST.  
PERRY, FL 32347 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 TD  
Name OLCOTT, RICK  
Address 428 NORTH JEFFERSON  
City-State-Zip: PERRY FL 32347

Title D  
Name SIMMONS, DAN  
Address 428 NORTH JEFFERSON  
City-State-Zip: PERRY FL 32347

Title CD  
Name TAYLOR, DAWN  
Address 428 NORTH JEFFERSON  
City-State-Zip: PERRY FL 32347

Title D  
Name VIOLA, MARK  
Address 428 NORTH JEFFERSON STREET  
City-State-Zip: PERRY FL 32347

Title D  
Name DAY, EVELYN  
Address 428 NORTH JEFFERSON STREET  
City-State-Zip: PERRY FL 32347

Title DIRECTOR  
Name COX, WALTER  
Address 428 NORTH JEFFERSON STREET  
City-State-Zip: PERRY FL 32347

Title DIRECTOR  
Name BOWDEN, AMY  
Address 428 NORTH JEFFERSON STREET  
City-State-Zip: PERRY FL 32347

Title DIRECTOR  
Name CHUTE, CATHY  
Address 428 NORTH JEFFERSON STREET  
City-State-Zip: PERRY FL 32347

**Continues on page 2**

*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:** RICK OLCOTT

**TD**

**03/09/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR

Name            BARBAREE, PAT

Address        428 NORTH JEFFERSON STREET

City-State-Zip: PERRY FL 32347