

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754480

FILED
Jan 20, 2014
Secretary of State
CC7803641775

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

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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

**DIRECTOR AND
TREASURER**

01/20/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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