

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000001438

**FILED**  
**Jan 09, 2014**  
**Secretary of State**  
**CC8010490631**

**Entity Name:** INTERNATIONAL FRINGE FESTIVAL OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

1605 ALDEN ROAD  
ORLANDO, FL 32803

**Current Mailing Address:**

1605 ALDEN ROAD  
ORLANDO, FL 32803 US

**FEI Number: 75-3012108**

**Certificate of Status Desired: No**

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

WALLACE, GEORGE A  
1605 ALDEN ROAD  
ORLANDO, FL 32803 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: GEORGE A WALLACE**

**01/09/2014**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           DAVIS, DOUG  
Address        1605 ALDEN ROAD  
City-State-Zip: ORLANDO FL 32803

Title           MEM  
Name           BANKS, KEVIN  
Address        1605 ALDEN ROAD  
City-State-Zip: ORLANDO FL 32803

Title           VP  
Name           DOMINGUEZ, DEVIN  
Address        1605 ALDEN ROAD  
City-State-Zip: ORLANDO FL 32803

Title           MEM  
Name           INNES, ALYSON  
Address        1605 ALDEN ROAD  
City-State-Zip: ORLANDO FL 32803

Title           SECRETARY  
Name           WILKIE, HEATHER  
Address        1605 ALDEN ROAD  
City-State-Zip: ORLANDO FL 32803

Title           MEM  
Name           THORSPECKEN, TERRY  
Address        1605 ALDEN ROAD  
City-State-Zip: ORLANDO FL 32803

Title           PRESIDENT  
Name           BALDREE, DAVID  
Address        1605 ALDEN ROAD  
City-State-Zip: ORLANDO FL 32803

Title           EXECUTIVE DIRECTOR  
Name           WALLACE, GEORGE A  
Address        1605 ALDEN ROAD  
City-State-Zip: ORLANDO FL 32803

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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: GEORGE A. WALLACE**

**GENERAL MANAGER/ED**

**01/09/2014**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title MEM  
Name SIKORSKI, BRIAN  
Address 1605 ALDEN ROAD  
City-State-Zip: ORLANDO FL 32803

Title MEM  
Name MCGRATH, MATTHEW  
Address 1605 ALDEN ROAD  
City-State-Zip: ORLANDO FL 32803

Title MEM  
Name ARBRUCIAS, JOYCE  
Address 1605 ALDEN ROAD  
City-State-Zip: ORLANDO FL 32803

Title MEM  
Name RENUART, NEAL  
Address 1605 ALDEN ROAD  
City-State-Zip: ORLANDO FL 32803