# 2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004472

Entity Name: WINTERFEST OF PENSACOLA, INC.

#### **Current Principal Place of Business:**

226 EAST INTENDENCIA STREET PENSACOLA, FL 32502

## **Current Mailing Address:**

226 EAST INTENDENCIA STREET PENSACOLA, FL 32502

## FEI Number: 20-1079497

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

MINSHEW, LISA 433 EAST GOVERNMENT STREET PENSACOLA, FL 32502 US FILED Apr 22, 2021 Secretary of State 9143845547CC

Date

Certificate of Status Desired: No

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

## **Officer/Director Detail :**

Title	P	Title	V
Name	DAUGHTRY, DENISE C	Name	YOUNG, JACQUELINE
Address	226 EAST INTENDENCIA STREET	Address	131 CALLE DE SANTIAGO
City-State-Zip:	PENSACOLA FL 32502	City-State-Zip:	PENSACOLA FL 32502
Title	S	Title	т
Name	MINSHEW, LISA	Name	DAVIDSON, JOSH
Address	433 E GOVERNMENT STREET	Address	P.O. BOX 423402
City-State-Zip:	PENSACOLA FL 32501	City-State-Zip:	SAN FRANCISCO CA 94142
Title	D	Title	D
Title Name	D BENSON, LOIS	Title Name	D EDWARD PATE
	-		-
Name	BENSON, LOIS 522 EAST ZARAGOZA STREET	Name	EDWARD PATE 921 BROOKSIDE COURT
Name Address	BENSON, LOIS 522 EAST ZARAGOZA STREET	Name Address	EDWARD PATE 921 BROOKSIDE COURT
Name Address City-State-Zip:	BENSON, LOIS 522 EAST ZARAGOZA STREET PENSACOLA FL 32502	Name Address City-State-Zip:	EDWARD PATE 921 BROOKSIDE COURT PENSACOLA FL 32503
Name Address City-State-Zip: Title	BENSON, LOIS 522 EAST ZARAGOZA STREET PENSACOLA FL 32502 DIRECTOR	Name Address City-State-Zip: Title	EDWARD PATE 921 BROOKSIDE COURT PENSACOLA FL 32503 DIRECTOR
Name Address City-State-Zip: Title Name	BENSON, LOIS 522 EAST ZARAGOZA STREET PENSACOLA FL 32502 DIRECTOR BONNIN, STEWART 3201 E OLIVE RD	Name Address City-State-Zip: Title Name	EDWARD PATE 921 BROOKSIDE COURT PENSACOLA FL 32503 DIRECTOR RICHARD, FILLMORE 4300 BAYOU BLVD SUITE 33

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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: DENISE DAUGHTRY

Electronic Signature of Signing Officer/Director Detail

### **Officer/Director Detail Continued :**

Title	DIRECTOR
Name	GALBAVY, JUDY
Address	414 E ZARAGOZA ST
City-State-Zip:	PENSACOLA FL 32502