

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004601

Entity Name: WINTER PARK SIDEWALK ART FESTIVAL FOUNDATION, INC.**Current Principal Place of Business:**1177 LOUISIANA AVE SUITE 101
WINTER PARK, FL 32789**Current Mailing Address:**P O BOX 597
WINTER PARK, FL 32790 US**FEI Number:** 20-8786363**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MOULTON, ALICE
1177 LOUISIANA AVE SUITE 101
WINTER PARK, FL 32789 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:** ALICE MOULTON

01/13/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name MOULTON, ALICE
Address PO BOX 1736
City-State-Zip: WINTER PARK FL 32790

Title TREASURER
Name WISLER, CAROL
Address 665 BALMORAL ROAD
City-State-Zip: WINTER PARK FL 32789

Title SECRETARY
Name GUTHRIE, LINDA
Address 2080 SHARON PLACE
City-State-Zip: WINTER PARK FL 32789

Title VP
Name MORELAND, CAROLE
Address 1618 NEOLA TR
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR
Name HLAWEK, MIKE
Address 828 GOLFVIEW TERRACE
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR
Name ROBBINS, MORNA
Address 104 INTERLAKEN AVE
 313
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR
Name SPRIMONT, JEAN
Address 1440 PALMER AVE
City-State-Zip: WINTER PARK FL 32789

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: CAROL WISLER**TREASURER**

01/13/2016

Electronic Signature of Signing Officer/Director Detail

Date