

2019 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:**WISLER, CAROL
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:** CAROL WISLER

05/11/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

Title DIRECTOR
Name FOGLEMAN, LAURA
Address 338 TURKEY RUN
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 WITHERSPOON, GREG
Address 2763 LIONHEART RD
City-State-Zip: WINTER PARK FL 32792

Title DIRECTOR
Name BIRD, CAROLYN
Address 2837 LAKE BALDWIN LN A302
City-State-Zip: ORLANDO FL 32814

Title SECRETARY
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**

05/11/2019

Electronic Signature of Signing Officer/Director Detail

Date