

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700937

FILED  
Jan 04, 2012  
Secretary of State

**Entity Name:** FIESTA OF THE FIVE FLAGS ASSOCIATION, INC.

**Current Principal Place of Business:**

2121 WEST INTENDENCIA STREET  
PENSACOLA, FL 32502 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1943  
PENSACOLA, FL 32593 US

**New Mailing Address:**

2121 WEST INTENDENCIA STREET  
PENSACOLA, FL 32502 US

**FEI Number:** 59-0607987

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

HILL, LAURA M E.D.  
2121 W. INTENDENCIA STREET  
PENSACOLA, FL 32502 US

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

LOVELACE, ADELENE T E. D.  
2121 W. INTENDENCIA STREET  
PENSACOLA, FL 32502 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: ADELENE T. LOVELACE

01/04/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: LONG, MICHAEL MR.  
Address: 4121 MENENDEZ DRIVE  
City-St-Zip: PENSACOLA, FL 32503 US

Title: PELE  
Name: MIRAGLIOTTA, MICHAEL MR  
Address: 1714 EAST LAKEVIEW AVE.  
City-St-Zip: PENSACOLA, FL 32503 US

Title: SEC  
Name: REEDER, WES MR.  
Address: 1900 EAST LARUA STREET  
City-St-Zip: PENSACOLA, FL 32501 US

Title: TRES  
Name: CARR, JOHN S MR.  
Address: 1810 EAST LARUA STREET  
City-St-Zip: PENSACOLA, FL 32501

Title: VP  
Name: JOHNSON, RICK MR  
Address: 3820 MAULE ROAD  
City-St-Zip: PENSACOLA, FL 32503

Title: VP  
Name: CALDWELL, DEBORAH  
Address: 107 SHORELINE DRIVE  
City-St-Zip: GULF BREEZE, FL 32561

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: ADELENE T. LOVELACE

E.D.

01/04/2012

Electronic Signature of Signing Officer or Director

Date