## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 24, 2006 8:00 am Secretary of State

DOCUMENT #711874  1. Entity Name THE BACH FESTIVAL SOCIETY OF WINTER PARK, INC.				04	1-24-2006 90343 0	)17 ****61 _	25	
ROLLINS COLLEGE R 1000 HOLT AVE #2763 1		Mailing Address ROLLINS COLLEGE 1000 HOLT AVE #2763 WINTER PARK, FL 32789	ROLLINS COLLEGE 1000 HOLT AVE #2763					
2. Principal Place of Business 3. M		3. Mailing Address	lailing Address		(82) (11)) 128) BIB) BIB) BIB) BIB)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01122006 Ch	g-NP CR2E0	37 (11/05)		
City & State		City & State		4. FEI Number 59-6015959	9		plied For t Applicable	
Zíp	Country	Zip	Country	5. Certificate of Status Desired		\$8.75 Add Fee Required	itional	
	6. Name and Address of Current I	Registered Agent		7. Name and Addr	ess of New Registered	Agent		
TIEDTKE, PHILIP			Name E/	Name Eric Rayndas III				
ROLLINS COLLEGE 1000 HOLT AVE #2763			Street Addres	Street Address (P.O. Rox Number is Not Acceptable)				
WINTER PARK, FL 32789			1000 F	1000 HOIT AJC #2763				
C				nter Park	FL	Zip Code 327	89	
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or printedname of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
Filing Fee is \$61.25  Due by May 1, 2006  9. Election Campaign Financing \$5.00 May Be Added to Fees  Added to Fees  Make check payable to Florida Department of State								
10.	OFFICERS AND DIF	ECTORS	11.	ADDITIONS/CHANGE	S TO OFFICERS AND D	IRECTORS IN	10	
TITLE NAME	DS TRISMEN, RICHARD F	☐ Delete	TITLE C	OUNCAN, LEHE	≤ M.	☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	213 W. COMSTOCK AVE. WINTER PARK, FL 32789		STREET ADDRESS 6	OO OSCEDLA	AVE			
TITLE NAME STREET ADDRESS	D RAYAM, CURTIS 101 LIPSCOMB PLACE	☐ Delete		AMMER PAUL OD DSCÉOLA P VINTER PARI		☐ Change	Addition	
CITY-ST-ZIP	ORLANDO, FL 32805		CITY-ST-ZIP	VINTER PARI	K, Fc 3278	59		
TITLE NAME STREET ADDRESS	D	☐ Delete	1 7				Addition	
CITY-ST-ZIP	BROTHERS, M. ELIZABETH 1620 MAYFLOWER CT. B-615 WINTER PARK, FL 32792		NAME STREET ADDRESS CITY-ST-ZIP	LURPHY, J. M 1942 LAKE A VINDERMERE	LICHAEL BUTLER BLVD LIFL 32780	☐ Change		
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	1620 MAYFLOWER CT. B-615	<b>∑</b> Delete	NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP	LURPHY, J. M 1942 LAKE A WINDERMERE	LICHAEL BUTLER BLVD I FL 32781	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS	1620 MAYFLOWER CT. B-615 WINTER PARK, FL 32792 PD TIEDTKE, PHILIP E 1760 GAINES WAY	▼ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		c III	Change Change	☐ Addition☐ Addition☐	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under early; that he information of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: .

amdel SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR