
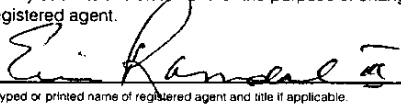
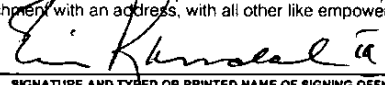


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90150 041 \*\*\*\*61.25

<b>DOCUMENT # 711874</b> 1. Entity Name <b>THE BACH FESTIVAL SOCIETY OF WINTER PARK, INC.</b>					
Principal Place of Business <b>ROLLINS COLLEGE</b> <b>1000 HOLT AVE #2763</b> <b>WINTER PARK, FL 32789 US</b>			Mailing Address <b>ROLLINS COLLEGE</b> <b>1000 HOLT AVE #2763</b> <b>WINTER PARK, FL 32789 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		4. FEI Number <b>59-6015959</b>	
City & State  Zip		City & State  Zip		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>RAVNDAL, ERIC III</b> <b>ROLLINS COLLEGE</b> <b>1000 HOLT AVE #2763</b> <b>WINTER PARK, FL 32789</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				DATE <b>Apr 10, 2007</b>	
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				(NOTE: Registered Agent signature required when reinstating)	
<b>Filing Fee Is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS TRISMEN, RICHARD F 213 W. COMSTOCK AVE. WINTER PARK, FL 32789	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	b Duncan, Lewis M 600 Osceola Ave Winter Park, FL 32789	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAYAM, CURTIS 101 LIPSCOMB PLACE ORLANDO, FL 32805	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROTHERS, M. ELIZABETH 1620 MAYFLOWER CT. B-615 WINTER PARK, FL 32792	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURPHY, MICHAEL J 11042 LAKE BUTLER BLVD WINDERMERE, FL 32786	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RAVNDAL, ERIC III 1302 COUNTRY CLUB OAKS CIRCLE ORLANDO, FL 32804	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ROBERTSON, DILG G 311 E MORSE BLVD APT 2-4 WINTER PARK, FL 32789	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ROBERTSON, DILG G 311 E MORSE BLVD APT 2-4 WINTER PARK, FL 32789	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
DATE <b>Apr 10, 2007</b>					

40066234



04092007 Chg-NP CR2E037 (12/06)

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407-646-2182