

FILE NOW: FILING FEE IS \$61.25

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Jan 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 722233 (4)

1. Corporation Name
CEDAR KEY SIDEWALK ARTS AND FINE CRAFTS FESTIVAL, INC.

Principal Place of Business P.O. BOX 298 CEDAR KEY FL 32625	Mailing Address P.O. BOX 298 CEDAR KEY FL 32625-0298
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2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 12/08/1971		3a. Date of Last Report 02/28/1996	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 23-7208103		Applied For <input type="checkbox"/> Not Applicable	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip 29		Country 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent RICHBURG, BERTIE M. THIRD STREET CEDAR KEY FL 32625				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City FL 85 Zip Code			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	RICHBURG, BERTIE M			1.2 NAME	Wanda Manquum		
STREET ADDRESS	BOX 392, LIVE OAK ST.			1.3 STREET ADDRESS	3 Dell Circle		
CITY-ST-ZIP	CEDAR KEY, FL 00000			1.4 CITY-ST-ZIP	Travelers Rest, S.C. 29690		
TITLE	VP	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHANNESSEN, HELEN			2.2 NAME			
STREET ADDRESS	BOX 2, 3RD STREET			2.3 STREET ADDRESS			
CITY-ST-ZIP	CEDAR KEY, FL 00000			2.4 CITY-ST-ZIP			
TITLE	ST	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCAIN, THELMA			3.2 NAME			
STREET ADDRESS	P.O. BOX 4, BAY ST.			3.3 STREET ADDRESS			
CITY-ST-ZIP	CEDAR KEY, FL 00000			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THOMPSON, BARBARA			4.2 NAME			
STREET ADDRESS	BOX 26, BAY ST.			4.3 STREET ADDRESS			
CITY-ST-ZIP	CEDAR KEY 00000 FL			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RICHBURG, LEE			5.2 NAME			
STREET ADDRESS	BOX 2, 3RD ST.			5.3 STREET ADDRESS			
CITY-ST-ZIP	CEDAR KEY FL 0			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MANGUM, GARY			6.2 NAME			
STREET ADDRESS	2 DELL CIRCLE			6.3 STREET ADDRESS			
CITY-ST-ZIP	TRAVELERS REST SC 29690			6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Thelma McCain* 1-10-97 352-5436
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0011495

CR2E037 (9/96)