

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90190 003 \*\*\*\*61.25

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**DOCUMENT # 722233**

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified  
**12/08/1971**

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
**23-7208103**

Applied For  
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RICHBURG, BERTIE M.  
THIRD STREET  
CEDAR KEY FL 32625**

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** ☐ DELETE  
NAME **RICHBURG, BERTIE M**  
STREET ADDRESS **BOX 392, LIVE OAK ST.**  
CITY-ST-ZIP **CEDAR KEY, FL 00000**

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME **D Phyllis Hansen**  
1.3 STREET ADDRESS **13405 SE 171 LANE**  
1.4 CITY-ST-ZIP **HAWTHORNE, FL 32640**

TITLE **VP** ☐ DELETE  
NAME **JOHANNESSEN, HELEN**  
STREET ADDRESS **BOX 2, 3RD STREET**  
CITY-ST-ZIP **CEDAR KEY, FL 00000**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **ST** ☐ DELETE  
NAME **MCCAIN, THELMA**  
STREET ADDRESS **P.O. BOX 4, BAY ST.**  
CITY-ST-ZIP **CEDAR KEY, FL 00000**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE  
NAME **THOMPSON, BARBARA**  
STREET ADDRESS **BOX 26, BAY ST.**  
CITY-ST-ZIP **CEDAR KEY 00000 FL**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **RICHBURG, LEE**  
STREET ADDRESS **BOX 2, 3RD ST.**  
CITY-ST-ZIP **CEDAR KEY FL 0**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **MANGUM, GARY**  
STREET ADDRESS **2 DELL CIRCLE**  
CITY-ST-ZIP **TRAVELERS REST SC 29690**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: **Thelma McCain** **REG. THELMA MCCAIN** **2-16-99** **13521** **543-5436**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)