

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731134

FILED
Mar 19, 2009
Secretary of State

Entity Name: THE FLORIDA SEAFOOD FESTIVAL, INC.

Current Principal Place of Business:

1 BAY AVENUE
APALACHICOLA, FL 32329 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 758
APALACHICOLA, FL 32329 US

New Mailing Address:

FEI Number: 59-1634994

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHESNUT, RACHEL
65 AVENUE E
APALACHICOLA, FL 32320 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SOLOMON, JOHN
Address: 196 TWIN LAKES ROAD
City-St-Zip: EASTPOINT, FL 32320

Title: TD () Delete
Name: LEMIEUX, MONICA
Address: 1495 BLUFF ROAD
City-St-Zip: APALACHICOLA, FL 32320

Title: VPD () Delete
Name: ROLSTAD, ROYCE
Address: 1810 BLUFF ROAD
City-St-Zip: APALACHICOLA, FL 32320

Title: S () Delete
Name: BAKER, BUTCH
Address: 143 RIVER ROAD
City-St-Zip: CARRABELLE, FL 32322

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: REGISTER, ANDREA
Address: 222 24TH AVENUE
City-St-Zip: APALACHICOLA, FL 32320

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MONICA LEMIEUX

T/D

03/19/2009

Electronic Signature of Signing Officer or Director

Date