

4-30-97 B-5926 -C  
FILE NOW: FILING FEE IS \$61.25

FILED

Apr 30 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 748626 (9)

1. Corporation Name

MICANOPY FALL HARVEST FESTIVAL, INC.

Principal Place of Business

Mailing Address

RT 1 BOX 212  
MICANOPY FL 32667

RT 1 BOX 212  
MICANOPY FL 32667-8717

3. Date Incorporated or Qualified  
08/23/1979

3a. Date of Last Report  
04/10/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
59-1846995

Applied For  
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

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

22 City & State

27 City & State

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

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MACAULAY, NANCY  
RT 1 BOX 212  
MICANOPY, FL  
32667

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

*Nancy Macaulay*  
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*20 April 1997*  
Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VCD ☒ DELETE

1.1 TITLE

☐ Change ☐ Addition

NAME CAWLEY, EDRIE  
STREET ADDRESS ED GLOVER ST.  
CITY-ST-ZIP MICANOPY, FL 00000

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE TD ☐ DELETE

2.1 TITLE

☐ Change ☐ Addition

NAME MACAULAY, NANCY  
STREET ADDRESS WACAHOUTA RD & I-75 (SE 11TH DR)  
CITY-ST-ZIP MICANOPY, FL 00000

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE S ☐ DELETE

3.1 TITLE

☐ Change ☐ Addition

NAME HANSON, KATE  
STREET ADDRESS DIVISION ST.  
CITY-ST-ZIP MICANOPY, FL 00000

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE CD ☐ DELETE

4.1 TITLE

☐ Change ☐ Addition

NAME SCHMIDT, JOEY  
STREET ADDRESS 25A  
CITY-ST-ZIP MICANOPY, FL 00000

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE

☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE

☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.2 NAME  
6.3 STREET ADDRESS  
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:

*Nancy Macaulay*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*20 April 1997*  
Date

Deborah Phone #0011811

CR2E037 (9/96)