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 Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90213 016 ****61.25

DOCUI	MENT	# 74	48626	3

1. Corporation Name

MICANOPY FALL HARVEST FESTIVAL, INC.

Principal Place of Business TRT 1 BOX 212 MICANOPY FL 32667

Mailing Address

RT 1 BOX 212 MICANOPY FL 32667



2. Principal Pl	cipal Place of Business 2a. Mailing Address				3. Date Incorporated or Qualifed 08/23/1979				
21		26 14312 SE	<u> </u>) (l		1		
Suite, Apt.	Suite, Apt. #, etc.				4. FEI Number 59-1846995			ied For	
22		27 MICANOP	χ		39 1040393			Applicable	
City & State					5. Certifcate of Status Desired	1 1 7 7	. 75 Ac ee Req	lditional uired	
23 Zip	Country Zip Country			6. Election Campaign Financing	4.	5.00 N	lav Be		
24	25	29 32667 30			Trust Fund Contribution		dded to		
9. Name and Address of Current Registered Agent					10. Name and Address of New Re	gistered Agent			
		<u> </u>	81	Name				,	
MACALILAY NANCY			·	6. 14.11	D.C. Day Niverbasis Not Assentah	da)			
MACAULAY, NANCY			82	Street Addres	ss (P.O. Box Number is Not Acceptab	ne)			
	RT 1 BOX 212 MICANOPY, FL								
_	I, FL		84						
32007	32667			City		FL 85	Zip Co	ode .	
11 Durawant	to the provisions of Sections 617.0502	and 617 1508 Florida Statutes	the shove	-named como	ration submits this statement for the p	urpose of chang	ing its r	egistered	
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida, Such change was auth	onzea by	tne corporatior	n's board of directors. I hereby accept	the appointment	as regi	stered	
SIGNATURE						DATE			
	Signature, typed or printed name of registered agent a		13.	signature required	ADDITIONS/CHANGES TO OFFI		ECTOR	S IN 12	
12.	VCD OFFICERS AND	DELETE	1,1 TITLE	.	1	□¢		Addition	
TITLE		- Delete				 -		_	
NAME	CAWLEY, EDRIE		1.2 NAME		•				
STREET ADDRESS	ED GLOVER ST.		1.3 STREET		•				
C!TY-ST-Z!P	MICANOPY, FL 00000		1.4 CITY-S1	- ZIP		□CI	20000	Addition	
TITLE	TD	☐ DELETE	2.1 TITLE			Пи	latiye	L. Addition	
NAME	MACAULAY, NANCY		2.2 NAME						
STREET ADDRESS			2.3 STREET	ADDRESS	÷ 👡			-	
CITY-ST-ZIP	MICANOPY, FL 00000		2. 4 CITY- S	T-ZIP					
TITLE	S	☐ DELETE	3.1 TITLE		•	□ ct	nange	Addition	
NAME	HANSON, KATE		3.2 NAME					Į	
STREET ADDRESS	DIVISION ST.		3.3 STREET	ADDRESS	•				
CITY-ST-ZIP	MICANOPY, FL 00000		3.4. CITY-S	T-ZIP		<u> </u>			
TITLE .	CD	☐ DELETE	4.1 TTLE		•		hange	☐ Addition	
NAME	SCHMIDT, JOEY		4, 2 NAME					ļ	
STREET ADDRESS	25A	·	4.3 STREET	ADDRESS	:				
CITY-ST-ZIP	MICANOPY, FL 00000		4.4 CITY-ST	Γ- ZIP					
TITLE		☐ DELETE	5.1 TITLE			□ cı	nange	☐ Addition	
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET	ADDRESS				.	
CITY-ST-ZIP			5.4 CITY-S1	r-ztP					
TITLE	-	☐ DELETE	6.1 TITLE			CI CI	nange	Addition	
NAME			6.2 NAME		•		Y		
STREET ADDRESS	•		6.3 STREET	ADDRESS					
			6.4 CITY-\$	r-zip				*	
CITY-ST-ZIP	are at the second second second second	this filing does not qualify for th			ection 119 07(3)(i) Florida Statutes, I	further certify the	t the in	formation	

Indicated on this annual report or supplied with all similing does not quality for the exemption stated in Section 119.07(5)(1), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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.