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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 748626

1. Corporation Name

MICANOPY FALL HARVEST FESTIVAL, INC.

Principal Place of Business

RT 1 BOX 212
MICANOPY FL 32667

Mailing Address

RT 1 BOX 212
MICANOPY FL 32667



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

08/23/1979

4. FEI Number

59-1846995

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

MACAULAY, NANCY
RT 1 BOX 212
MICANOPY, FL
32667

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

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

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

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

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nancy Macaulay

4/30/99

352-466-3542

Daytime Phone #

CR2E037 (11/98)