

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2008 08:00 AM
Secretary of State

DOCUMENT # 754480

1. Entity Name
FLORIDA FOREST FESTIVAL, INC.



Principal Place of Business
428 NORTH JEFFERSON STREET
PERRY, FL 32347 US

Mailing Address
P.O. BOX 1062
PERRY, FL 32348 US



02122008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-0772717

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PARKER, GREG
411 N. WASHINGTON ST.
PERRY, FL 32347

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when relocating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WHITFIELD, RAY
STREET ADDRESS	428 NORTH JEFFERSON
CITY- ST- ZIP	PERRY, FL
TITLE	TD
NAME	OLCOTT, RICK
STREET ADDRESS	428 NORTH JEFFERSON
CITY- ST- ZIP	PERRY, FL
TITLE	D
NAME	SIMMONS, DAN
STREET ADDRESS	428 NORTH JEFFERSON
CITY- ST- ZIP	PERRY, FL
TITLE	CD
NAME	TAYLOR, DAWN
STREET ADDRESS	428 NORTH JEFFERSON
CITY- ST- ZIP	PERRY, FL
TITLE	D
NAME	VIOLA, MARTE
STREET ADDRESS	428 NORTH JEFFERSON STREET
CITY- ST- ZIP	PERRY, FL 32347
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

000000828188
02/25/08-80002-009 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Richard S. L. Olcott
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/08
Date

850.584.8733
Daytime Phone #