

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757427

FILED
Apr 30, 2007
Secretary of State

Entity Name: OLD SPANISH TRAIL FESTIVAL SOCIETY, INC.

Current Principal Place of Business:

715 N FERDON BLVD
CRESTVIEW, FL 32536

New Principal Place of Business:

Current Mailing Address:

P O BOX 747
CRESTVIEW, FL 32536

New Mailing Address:

FEI Number: 59-2939561

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COX, GENERAL
5350 HABURN ST.
CRESTVIEW, FL 32539 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: PRES () Delete
Name: COX, GENERAL
Address: 5350 HABURN ST
City-St-Zip: CRESTVIEW, FL 32536

Title: 1VP () Delete
Name: JONES, JEFF
Address: 8065 FOURTH ST.
City-St-Zip: LAUREL HILL, FL 32567

Title: S () Delete
Name: GARRETT, CHRISTIE
Address: 4576 ANTIOCH RD
City-St-Zip: CRESTVIEW, FL 32536

Title: PD () Delete
Name: LAMY, TERRY
Address: PEARL ST N
City-St-Zip: CRESTVIEW, FL

Title: PD () Delete
Name: SWEAT, THERES
Address: 133 MILL POND COVE
City-St-Zip: CRESTVIEW, FL 32536

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

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

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: GENERAL COX

PRES

04/30/2007

Electronic Signature of Signing Officer or Director

Date