


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90034 048 ****61.25

DOCUMENT # 757427 1. Entity Name OLD SPANISH TRAIL FESTIVAL SOCIETY, INC.					
Principal Place of Business 715 N FERDON BLVD CRESTVIEW, FL 32536			Mailing Address P O BOX 747 CRESTVIEW, FL 32536		
2. Principal Place of Business - No P.O. Box # 4348 Antioch Road			3. Mailing Address Suite, Apt. #, etc.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Crestview, FL			City & State		
Zip 32536		Country USA		Zip	
Country		4. FEI Number 59-2939561			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COX, GENERAL 5350 HABURN ST. CRESTVIEW, FL 32539			7. Name and Address of New Registered Agent Name Cindy Harris Street Address (P.O. Box Number is Not Acceptable) 4348 Antioch Road City Crestview, FL Zip Code 32536		
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 <u>Cindy Harris</u> <u>CINDY HARRIS Treasurer</u> <u>3/24/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES COX, GENERAL 5350 HABURN ST CRESTVIEW, FL 32536	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	President William R. MacKendree 2260 S. Ferdon Blvd., #5 Crestview, FL 32536	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	1VP JONES, JEFF 8065 FOURTH ST. LAUREL HILL, FL 32567	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	1st Vice-President Angela Ferdon-Cotton 479-C North Wilson Street Crestview, FL 32536	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GARRETT, CHRISTIE 4576 ANTIOCH RD CRESTVIEW, FL 32536	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	2nd Vice-President Edward M. Rytman 501 Third Avenue Crestview, FL 32536	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LAMY, TERRY PEARL ST N CRESTVIEW, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	3rd Vice-President Jim Hubbard 3663 Central Circle Laurel Hill, FL 32567	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SWEAT, THERES 133 MILL POND COVE CRESTVIEW, FL 32536	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary Cindy O'loughlin 208 Grand Prix Drive Crestview, FL 32536	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SWEAT, THERES 133 MILL POND COVE CRESTVIEW, FL 32536	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer Cindy Harris 4348 Antioch Road Crestview, FL 32536	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: <u>Cindy Harris</u> <u>CINDY HARRIS</u> <u>3/24/08</u> <u>(850) 865-8595</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					