

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757427

FILED
Apr 02, 2009
Secretary of State

Entity Name: OLD SPANISH TRAIL FESTIVAL SOCIETY, INC.

Current Principal Place of Business:

4348 ANTIOCH ROAD
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:

HARRIS, CINDY
4348 ANTIOCH ROAD
CRESTVIEW, FL 32536 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: P () Delete
Name: MACKENDREE, WILLIAM R
Address: 2260 S. FERDON BLVD., #5
City-St-Zip: CRESTVIEW, FL 32536

Title: 1VP () Delete
Name: COTTON, ANGELA F
Address: 479 C NORTH WILSON STREET
City-St-Zip: CRESTVIEW, FL 32536

Title: 2VP () Delete
Name: RYTMAN, EDWARD M
Address: 501 THIRD AVENUE
City-St-Zip: CRESTVIEW, FL 32536

Title: 3VP () Delete
Name: HUBBARD, JIM
Address: 3663 CENTRAL CIRCLE
City-St-Zip: LAUREL HILL, FL 32567

Title: S () Delete
Name: O'LOUGHLIN, CINDY
Address: 208 GRAND PRIX DRIVE
City-St-Zip: CRESTVIEW, FL 32536

Title: T () Delete
Name: HARRIS, CINDY
Address: 4348 ANTIOCH ROAD
City-St-Zip: CRESTVIEW, FL 32536

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WOOLLEY, LARRY L
Address: 2259 W. JAMES LEE BLVD.
City-St-Zip: CRESTVIEW, FL 32536

Title: 1VP (X) Change () Addition
Name: WHITEHURST, GEORGE
Address: 120 GILLIS DRIVE
City-St-Zip: CRESTVIEW, FL 32536

Title: 2VP (X) Change () Addition
Name: RYTMAN, EDWARD M
Address: 501 THIRD STREET
City-St-Zip: CRESTVIEW, FL 32536

Title: 3VP (X) Change () Addition
Name: HENDERSON, PEARL
Address: 205 POWELL DRIVE
City-St-Zip: CRESTVIEW, FL 32536

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: CINDY HARRIS

TRES

04/02/2009

Electronic Signature of Signing Officer or Director

Date