

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758651

FILED
Apr 30, 2009
Secretary of State

Entity Name: JOHN'S PASS SEAFOOD FESTIVAL, INC.

Current Principal Place of Business:

150 JOHNS PASS BOARDWALK
MADEIRA BEACH, FL 33708 US

New Principal Place of Business:

Current Mailing Address:

150 JOHNS PASS BOARDWALK
MADEIRA BEACH, FL 33708 US

New Mailing Address:

FEI Number: 59-2858359

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCDOLE, KATHLEEN H
150 JOHNS PASS BOARDWALK
MADEIRA BEACH, FL 33708 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: PD () Delete
Name: MCDOLE, KATHLEEN H
Address: 150 JOHNS PASS BOARDWALK W
City-St-Zip: MADEIRA BEACH, FL 33708

Title: DT () Delete
Name: HUBBARD, PATRICIA
Address: 150 JOHNS PASS BOARDWALK
City-St-Zip: MADEIRA BEACH, FL 33708

Title: D () Delete
Name: HUBBARD, MARK
Address: 150 JOHNS PASS BOARDWALK
City-St-Zip: MADEIRA BEACH, FL 33708

Title: DS () Delete
Name: HAND, LISA
Address: 150 JOHN'S PASS BOARDWALK
City-St-Zip: MADEIRA BEACH, FL 33708

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:

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: PATRICIA HUBBARD

DT

04/30/2009

Electronic Signature of Signing Officer or Director

Date