

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2007 08:00 AM
Secretary of State

DOCUMENT # N00000007801 1. Entity Name GOLDEN PALM FESTIVAL, INC.	
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Principal Place of Business 1332 YULEE DRIVE CLEARWATER, FL 33764	Mailing Address 1332 YULEE DRIVE CLEARWATER, FL 33764
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DO NOT WRITE IN THIS SPACE

03232007 No Chg-NP CR2E037 (4/06)

4. FEI Number 91-2086421	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ROSENBLATT, DAVID
1332 YULEE DRIVE
CLEARWATER, FL 33764

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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 reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSENBLATT, DAVID R 1332 YULEE DRIVE CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MILLER, MERRILY P 1332 YULEE DRIVE CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SCHROEPPEL, THOMAS 3205 PRICE AVE. TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/13/07-80050-003 61.25

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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:  **MERRILY MILLER** 4/2/2007 127 298 0079
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #