

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90022 013 ****61.25

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1. Entity Name

GOLDEN PALM FESTIVAL, INC.



Principal Place of Business

1332 YULEE DRIVE
CLEARWATER, FL 33764

Mailing Address

1332 YULEE DRIVE
CLEARWATER, FL 33764

00049188



04142008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE
IN THIS SPACE**

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, 2008**

**9. Election Campaign Financing
Trust Fund Contribution.**



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MERRILY MILLER

Date

Daytime Phone

4/10/08

727 248 0079