

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004846

FILED
Mar 30, 2007
Secretary of State

Entity Name: ARTFEST FORT MYERS INC.

Current Principal Place of Business:

1400 JACKSON ST.
#104
FORT MYERS, FL 33901

New Principal Place of Business:

2443 FIRST ST.
FORT MYERS, FL 33901

Current Mailing Address:

1400 JACKSON ST.
#104
FORT MYERS, FL 33901

New Mailing Address:

2443 FIRST ST.
FORT MYERS, FL 33901

FEI Number: 65-1119729

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCALLISTER, SHARON
1400 JACKSON ST.
#104
FORT MYERS, FL 33901 US

Name and Address of New Registered Agent:

MCALLISTER, SHARON
2443 FIRST ST.
FORT MYERS, FL 33901 US

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:

03/30/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCALLISTER, SHARON
Address: 1920 VIRGINIA AVE #1103
City-St-Zip: FORT MYERS, FL 33901

Title: TD (X) Delete
Name: STEFANI, JOHN
Address: 1920 VIRGINIA AVE #1103
City-St-Zip: FORT MYERS, FL 33901

Title: D () Delete
Name: WOOLAM, KRISTIN
Address: 1254 BRAMAN AVE.
City-St-Zip: FORT MYERS, FL 33901

Title: D (X) Delete
Name: MOORE, TAMARA
Address: 1620 S. FLOSSMOOR
City-St-Zip: FORT MYERS, FL 33919

Title: D () Delete
Name: MATISON, TONA
Address: 2022 SE 12TH TERR
City-St-Zip: CAPE CORAL, FL 33990

Title: D () Delete
Name: WEINER, JUDY
Address: 834 56TH STREET
City-St-Zip: CAPE CORAL, FL 33914

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:

Title: D (X) Change () Addition
Name: MATISON, TONA
Address: 5190 AVENIDA PRINERA
City-St-Zip: TUSCON, AZ 85704

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: SHARON MCALLISTER

PD

03/30/2007

Electronic Signature of Signing Officer or Director

Date