
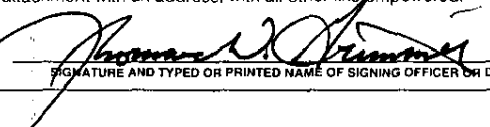


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 09, 2004 8:00 am
Secretary of State

08-09-2004 90005 037 ****70.00

DOCUMENT # N02000005389					
1. Entity Name CENTRAL FLORIDA DRAGON BOAT FESTIVAL, INC.					
Principal Place of Business 307 S. LAKESHORE BLVD. HOWEY IN THE HILLS, FL 34737			Mailing Address 307 S. LAKESHORE BLVD. HOWEY IN THE HILLS, FL 34737		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number APPLIED FOR 562281323	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARBER, GLENNYS 307 S. LAKESHORE BLVD. HOWEY IN THE HILLS, FL 34737			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARBER, STEVEN L 307 S. LAKESHORE BLVD. HOWEY IN THE HILLS, FL 34737	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BARBER, GLENNYS 307 S. LAKESHORE BLVD. HOWEY IN THE HILLS, FL 34737	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SEAWELL, JEAN 307 S. LAKESHORE BLVD. HOWEY IN THE HILLS, FL 34737	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rebecca Claffy 307 S. Lakeshore Blvd. HoweY-in-the-hills FL 34737 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEAWELL, TERRY 307 S. LAKESHORE BLVD. HOWEY IN THE HILLS, FL 34737	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIMMER, TOM 307 S. LAKESHORE BLVD. HOWEY IN THE HILLS, FL 34737	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  Thomas W. Grimmer 8/1/04 352 742-6834 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

54067513



07212004 Chg-NP CR2E037 (10/03)

APPLIED FOR 562281323

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARBER, GLENNYS
307 S. LAKESHORE BLVD.
HOWEY IN THE HILLS, FL 34737

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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DATE

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Trust Fund Contribution. ☐

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Make check payable to
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10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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CITY-ST-ZIP
PD
BARBER, STEVEN L
307 S. LAKESHORE BLVD.
HOWEY IN THE HILLS, FL 34737

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
BARBER, GLENNYS
307 S. LAKESHORE BLVD.
HOWEY IN THE HILLS, FL 34737

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
STD
SEAWELL, JEAN
307 S. LAKESHORE BLVD.
HOWEY IN THE HILLS, FL 34737

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Rebecca Claffy
307 S. Lakeshore Blvd.
HoweY-in-the-hills FL 34737
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SEAWELL, TERRY
307 S. LAKESHORE BLVD.
HOWEY IN THE HILLS, FL 34737

☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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D
GRIMMER, TOM
307 S. LAKESHORE BLVD.
HOWEY IN THE HILLS, FL 34737

☐ Delete

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #