


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 07, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000005390 1. Entity Name LILISH FAIR FOUNDATION, INC.	
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Principal Place of Business 1405 JULIP DR ORLANDO, FL 32825	Mailing Address 1405 JULIP DR ORLANDO, FL 32825
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DO NOT WRITE IN THIS SPACE



07052005 No Chg-NP CR2E037 (10/03)

4. FEI Number 56-2383011	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MARINARA, MARTHA 1405 JULIP DR ORLANDO, FL 32825

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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: <u>Martha Marinara</u> <small>Signature. Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>	DATE: <u>7-5-05</u>

Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARINARA, MARTHA 1405 JULIP DR ORLANDO, FL 32825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRACASKI, LIL 2801 PLAZA TERR DR ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOAH, PATRICIA A 6821 MAGNOLIA POINTE CIR ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOGAN, LISA 721 ESSEX PL ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALLACE, DAVID 10 N SUMMERLIN AVE #10 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>1000000371372 07/07/05-80016-006 70.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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 another like empowered.		
SIGNATURE: <u>Martha Marinara</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE: <u>7-5-05</u>	DAYTIME PHONE: <u>407-207-0899</u>