

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-20-2004 90002 027 ****61.25

DOCUMENT # N03000010346

1. Entity Name
MARIANNA ARTS FESTIVAL, INCORPORATED



Principal Place of Business
4295 3RD AVENUE
MARIANNA, FL 32446

Mailing Address
4295,3RD AVENUE
MARIANNA, FL 32446

54008874



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02172004 Chg-NP CR2E037 (10/03)

4. FEI Number
35-2219113

Applied For
Not Applicable

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

BRUNNER, RICHARD G DR
4295 3RD AVENUE
MARIANNA, FL 32446

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

Signature, typed or printed name of registered agent and true if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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
PT
BRUNNER, RICHARD G DR
4295 3RD AVENUE
MARIANNA, FL 32446 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VT
YOUNG ROBERTS, JOHN
POST OFFICE BOX 1544
MARIANNA, FL 32446 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VT
Charles Reiff
4390 Kelson Avenue
Marianna, Florida 32446 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
BURLESON, JULIA
3097 5TH AVENUE
MARIANNA, FL 32446 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
Karen King
2864 Wildwood Circle
Marianna, Florida 32448 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

Richard G. Brunner

2/17/04 (850) 526-3400

Date

Daytime Phone #