

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N03000010346</b> 1. Entity Name <b>MARIANNA ARTS FESTIVAL, INCORPORATED</b>	
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Principal Place of Business <b>4577 LODGE DRIVE MARIANNA, FL 32446</b>	Mailing Address <b>P.O. BOX 300 MARIANNA, FL 32446</b>
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04032008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>35-2219113</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

FUGUA, JONATHAN  
2480 HIGHWAY 71  
MARIANNA, FL 32446

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25  
Due by May 1, 2008

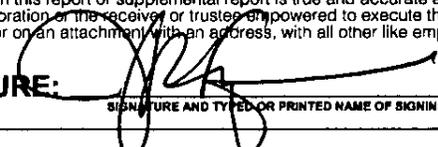
9. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

U00000941955  
05/28/08-80127-014 61.25

10. OFFICERS AND DIRECTORS	
TITLE	PT
NAME	FUGUA, JONATHAN
STREET ADDRESS	2480 HIGHWAY 71
CITY-ST-ZIP	MARIANNA, FL 32448
TITLE	VT
NAME	REIFF, CHARLES
STREET ADDRESS	4390 KELSON AVE.
CITY-ST-ZIP	MARIANNA, FL 32446
TITLE	ST
NAME	KING, KAREN
STREET ADDRESS	2864 WILDWOOD CIR.
CITY-ST-ZIP	MARIANNA, FL 32448
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:  Date: 4-28-08 Daytime Phone #: 573-0100