2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N04000004472

Entity Name: WINTERFEST OF PENSACOLA, INC.

Current Principal Place of Business:

226 EAST INTENDENCIA STREET
PENSACOLA, FL 32502

New Principal Place of Business:

Current Mailing Address:

226 EAST INTENDENCIA STREET
PENSACOLA, FL 32502

New Mailing Address:

FEI Number: 20-1079497 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MINSHEW, LISA
433 EAST GOVERNMENT STREET
PENSACOLA, FL 32502 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	DAUGHTRY, DENISE C	
Address:	226 EAST INTENDENCIA STREET	
City-St-Zip:	PENSACOLA, FL 32502	
Title:	V	( ) Delete
Name:	YOUNG, JACQUELINE	
Address:	131 CALLE DE SANTIAGO	
City-St-Zip:	PENSACOLA, FL 32502	
Title:	S	( ) Delete
Name:	GOETTSCHE, CAROL	
Address:	1408 LA RUA STREET	
City-St-Zip:	PENSACOLA, FL 32501	
Title:	D	( ) Delete
Name:	SIMS, DOT	
Address:	56 EAST CHASE STREET	
City-St-Zip:	PENSACOLA, FL 32502	
Title:	D	( ) Delete
Name:	BENSON, LOIS	
Address:	522 EAST ZARAGOZA STREET	
City-St-Zip:	PENSACOLA, FL 32502	
Title:	D	( ) Delete
Name:	MINSHEW, LISA	
Address:	433 EAST GOVERNMENT STREET	
City-St-Zip:	PENSACOLA, FL 32502	

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

I hereby certify that the information supplied with this filing does not qualify 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: DENISE C DAUGHTRY P 04/30/2009

Electronic Signature of Signing Officer or Director — Date