

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000005543

1. Entity Name
WAKULLA SEAFOOD FESTIVAL INC.



FILED

05 JAN 20 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2231 SURF ROAD
OCHLOCKONEE BAY, FL 32346-2626

Mailing Address
2231 SURF ROAD
OCHLOCKONEE BAY, FL 32346-2626



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01202005

Chg-NP

CR2E037 (10/03)

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARTLIDGE, TONY
2231 SURF ROAD
OCHLOCKONEE BAY, FL 32346-2626

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

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

TITLE P ☐ Delete
NAME BARWICK, NORMAN
STREET ADDRESS POST OFFICE BOX 641
CITY-ST-ZIP PANACEA, FL 32346

TITLE V ☐ Delete
NAME GRIFFIN, CHRISTOPHER
STREET ADDRESS POST OFFICE BOX 969
CITY-ST-ZIP PANACEA, FL 32346

TITLE S ☐ Delete
NAME HANCE, GLENDA
STREET ADDRESS 189 QUAIL RUN ROAD
CITY-ST-ZIP CRAWFORDVILLE, FL 32327

TITLE T ☐ Delete
NAME CARTLIDGE, TONY
STREET ADDRESS 2231 SURF ROAD
CITY-ST-ZIP OCHLOCKONEE BAY, FL 323462626

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☒ Change ☐ Addition
NAME GRIFFIN, CHRISTOPHER
STREET ADDRESS P.O. BOX 969
CITY-ST-ZIP PANACEA FL 32346

TITLE V ☒ Change ☐ Addition
NAME BARWICK, NORMAN
STREET ADDRESS P.O. BOX 641
CITY-ST-ZIP PANACEA FL 32346

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #