

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 28, 2007 08:00 A**  
**Secretary of State**

|                                                                                     |                                                                         |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <b>DOCUMENT # N05000004016</b>                                                      |                                                                         |
| 1. Entity Name<br><b>FESTIVAL OF THE ARTS COMMITTEE, INC.</b>                       |                                                                         |
|    |                                                                         |
| Principal Place of Business<br><b>P.O. BOX 1945<br/>HOMOSASSA SPRINGS, FL 34447</b> | Mailing Address<br><b>P.O. BOX 1945<br/>HOMOSASSA SPRINGS, FL 34447</b> |



01222007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

|                                                           |                                                        |
|-----------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>20-2941579</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional<br/>Fee Required</b>              |

**6. Name and Address of Current Registered Agent**

**PEARSON, NANCY  
7 WILD OLIVE COURT  
HOMOSASSA, FL 34446**

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IN THIS SPACE**

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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

|                                                |                                                                                     |
|------------------------------------------------|-------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>PEARSON, NANCY<br/>7 WILD OLIVE COURT<br/>HOMOSASSA, FL 34446</b>          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>HOAR, MERL<br/>31 LINDER DRIVE<br/>HOMOSASSA, FL 34446</b>                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>LUBOWIECKI, JARET<br/>12167 S HYACINTH POINT<br/>FLORAL CITY, FL 34436</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>BRENNAN, NEALE<br/>4351 PARSONS PT. ROAD<br/>HERNANDO, FL 34442</b>        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                     |

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03/09/07-80022-005 61.25

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IN THIS SPACE**

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:** MERL HOAR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/07

Date

Daytime Phone #

352-382-4555