

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 16, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N05000004016**

1. Entity Name  
**FESTIVAL OF THE ARTS COMMITTEE, INC.**



Principal Place of Business  
**P.O. BOX 1945  
HOMOSASSA SPRINGS, FL 34447**

Mailing Address  
**P.O. BOX 1945  
HOMOSASSA SPRINGS, FL 34447**



01102008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-2941579**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

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

**DO NOT WRITE  
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 reappointing)

DATE \_\_\_\_\_

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
PEARSON, NANCY  
7 WILD OLIVE COURT  
HOMOSASSA, FL 34446**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
HOAR, MERL  
31 LINDER DRIVE  
HOMOSASSA, FL 34446**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
LUBOWIECKI, JARET  
12167 S HYACINTH POINT  
FLORAL CITY, FL 34436**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BRENNAN, NEALE  
4351 PARSONS PT. ROAD  
HERNANDO, FL 34442**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000786440  
01/17/08-80040-021 61.25

**DO NOT WRITE  
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:** M. J. Hoar **DIRECTOR**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/14/08 352-382-4533