2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2009
Secretary of State

DOCUMENT# N05000004016

Entity Name: FESTIVAL OF THE ARTS COMMITTEE, INC.

Current Principal Place of Business:

P.O. BOX 1945
HOMOSASSA SPRINGS, FL 34447

New Principal Place of Business:

7 WILD OLIVE COURT
HOMOSASSA, FL 34446

Current Mailing Address:

P.O. BOX 1945
HOMOSASSA SPRINGS, FL 34447

New Mailing Address:

FEI Number: 20-2941579 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PEARSON, NANCY
7 WILD OLIVE COURT
HOMOSASSA, FL 34446 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: D ( ) Delete
Name: PEARSON, NANCY
Address: 7 WILD OLIVE COURT
City-St-Zip: HOMOSASSA, FL 34446

Title: D ( ) Delete
Name: HOAR, MERL
Address: 31 LINDER DRIVE
City-St-Zip: HOMOSASSA, FL 34446

Title: D ( ) Delete
Name: LUBOWIECKI, JARET
Address: 12167 S HYACINTH POINT
City-St-Zip: FLORAL CITY, FL 34436

Title: D ( ) Delete
Name: BRENNAN, NEALE
Address: 4351 PARSONS PT. ROAD
City-St-Zip: HERNANDO, FL 34442

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:

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: MERLYN T. HOAR MR. 01/09/2009

Electronic Signature of Signing Officer or Director — Date