2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008
Secretary of State

DOCUMENT# N05000008754

Entity Name: WINTER HAVEN FESTIVAL OF TREES, INC

Current Principal Place of Business:

100 CYPRESS GARDENS BLVD
WINTER HAVEN, FL 33880

New Principal Place of Business:

210 CYPRESS GARDENS BLVD
C/O RIDGE ART ASSOCIATION
WINTER HAVEN, FL 33880

Current Mailing Address:

PO BOX 30
WINTER HAVEN, FL 33882

New Mailing Address:

210 CYPRESS GARDENS BLVD
C/O RIDGE ART ASSOCIATION
WINTER HAVEN, FL 33880

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

Name and Address of Current Registered Agent:

HEMENWAY, RICHARD A
2 TERA LANE
WINTER HAVEN, FL 33880 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: HEMENWAY, RICHARD A
Address: 2 TERA LANE
City-St-Zip: WINTER HAVEN, FL 33880

Title: VP ( ) Delete
Name: FUQUA, BOBBY E JR
Address: 100 CYPRESS GARDENS BLVD
City-St-Zip: WINTER HAVEN, FL 33880

Title: S ( ) Delete
Name: HEMENWAY, CHRISTY M
Address: 2 TERA LANE
City-St-Zip: WINTER HAVEN, FL 33880

Title: T ( ) Delete
Name: FUQUA, LINDA
Address: 100 CYPRESS GARDENS BLVD
City-St-Zip: WINTER HAVEN, FL 33880

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: D ( ) Change (X) Addition
Name: OSBORNE, DOICE J
Address: 210 CYPRESS GARDENS BLVD
City-St-Zip: WINTER HAVEN, FL 33880

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: RICHARD A. HEMENWAY PRES 03/31/2008

Electronic Signature of Signing Officer or Director — Date