## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000008754

FILED Feb 10, 2009 Secretary of State

Entity Name: WINTER HAVEN FESTIVAL OF TREES INC.

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Current Principal Place of Business:		New Principal	New Principal Place of Business:	
C/O RIDGE	ESS GARDENS BLVD E ART ASSOCIATION IAVEN, FL 33880			
Current Mailing Address:		New Mailing Address:		
C/O RIDGE	ESS GARDENS BLVD E ART ASSOCIATION IAVEN, FL 33880			
FEI Number:	FEI Number Applied For ( )	FEI Number Not Applicabl	e (X) Certificate of Status Desired ( )	
Name and	Address of Current Registered Agent:	Name and Add	dress of New Registered Agent:	
2 TERA LA WINTER H The above	AY, RICHARD A NE HAVEN, FL 33880 US named entity submits this statement for the e of Florida.	purpose of changing its re	gistered office or registered agent, or both,	
SIGNATUF				
	Electronic Signature of Registered Ag	ent	Date	
OFFICERS	S AND DIRECTORS:	ADDITIONS/C	HANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P ( ) Delete HEMENWAY, RICHARD A 2 TERA LANE WINTER HAVEN, FL 33880	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VP ( ) Delete FUQUA, BOBBY E JR 100 CYPRESS GARDENS BLVD WINTER HAVEN, FL 33880	Address: 210	(X) Change ()Addition BORNE, DOICE J D CYPRESS GARDENS BLVD NTER HAVEN, FL 33880	
Title: Name: Address: City-St-Zip:	S () Delete HEMENWAY, CHRISTY M 2 TERA LANE WINTER HAVEN, FL 33880	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	T (X) Delete FUQUA, LINDA 100 CYPRESS GARDENS BLVD WINTER HAVEN, FL 33880	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D ( ) Delete OSBORNE, DOICE J 210 CYPRESS GARDENS BLVD WINTER HAVEN, FL 33880	Address: 210	(X) Change ()Addition MENWAY, LEIGH-ANNE J D CYPRESS GARDENS BLVD NTER 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 P 02/10/2009