


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90027 030 ****70.00

DOCUMENT # N05000010941 1. Entity Name HOBO FESTIVAL COMMITTEE INC					
Principal Place of Business 8199 STEELE MILL CREEK ROAD LAUREL HILL, FL 32567			Mailing Address POST OFFICE BOX 193 LAUREL HILL, FL 32567		
2. Principal Place of Business - No P.O. Box # 8165 HWY 85N		3. Mailing Address Suite, Apt. #, etc.			
City & State Laurel Hill FL 32567		City & State Suite, Apt. #, etc.		4. FEI Number 56-2539019	
Zip 32567		Country Okaloosa		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JONES, WILMA 8199 STEELE MILL CREEK ROAD LAUREL HILL, FL 32567			7. Name and Address of New Registered Agent Name Caroline March Street Address (P.O. Box Number is Not Acceptable) 8165 HWY 85N City Laurel Hill FL Zip Code 32567		
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 <u><i>Caroline March</i></u> (NOTE: Registered Agent signature required when reissuing) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C JONES, WILMA 8199 STEELE MILL CREEK ROAD LAUREL HILL, FL 32567	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Caroline March 8165 HWY 85N Laurel Hill, FL 32567	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C CLARY, ORA LEE 8105 CLARY DR LAUREL HILL, FL 32567	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CC Estelle Pridgen 8086 3rd Street Laurel Hill, FL 32567	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILLIAMSON, BETTY 7901 STEELE MILL CREEK RD LAUREL HILL, FL 32567	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Jennifer Simmons 7880 Crawford Rd Laurel Hill, FL 32567	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMITH, JOAN T 8123 4TH STREET LAUREL HILL, FL 32567	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Jennifer Simmons 7880 Crawford Rd Laurel Hill, FL 32567	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Caroline March</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>3-4-08</u> <small>Daytime Phone #</small>		