

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010941

FILED
Mar 25, 2009
Secretary of State

Entity Name: HOBO FESTIVAL COMMITTEE INC

Current Principal Place of Business:

8165 HWY 85 NORTH
LAUREL HILL, FL 32567

New Principal Place of Business:

8168 HWY 85 NORTH
LAUREL HILL, FL 32567

Current Mailing Address:

POST OFFICE BOX 193
LAUREL HILL, FL 32567

New Mailing Address:

POST OFFICE BOX 91
LAUREL HILL, FL 32567

FEI Number: 56-2539019

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARCH, CAROLINE
8165 HWY 85 NORTH
LAUREL HILL, FL 32567 US

Name and Address of New Registered Agent:

MARCH, CAROLINE
8168 HWY 85 NORTH
LAUREL HILL, FL 32567 US

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:

03/25/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: MARCH, CAROLINE
Address: 8165 HWY 85 N
City-St-Zip: LAUREL HILL, FL 32567

Title: CC () Delete
Name: PRIDGEN, ESTELLE
Address: 8086 3RD ST
City-St-Zip: LAUREL HILL, FL 32567

Title: S () Delete
Name: SIMMONS, JENNIFER
Address: 7880 CRAWFORD RD
City-St-Zip: LAUREL HILL, FL 32567

Title: T () Delete
Name: SIMMONS, JENNIFER
Address: 7880 CRAWFORD RD
City-St-Zip: LAUREL HILL, FL 32567

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: MARCH, CAROLINE
Address: 8168 HWY 85 N
City-St-Zip: LAUREL HILL, FL 32567

Title: CC (X) Change () Addition
Name: GREEN, BESSIE
Address: P.O. BOX 22
City-St-Zip: LAUREL HILL, FL 32567

Title: S (X) Change () Addition
Name: SHEPHEARD, CRISTA
Address: 4737 ADAMS ROAD
City-St-Zip: LAUREL HILL, FL 32567

Title: T (X) Change () Addition
Name: SORY, KELLY
Address: 2894 SUNNYSIDE AVE
City-St-Zip: LAUREL HILL, FL 32567

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: CAROLINE MARCH

C

03/25/2009

Electronic Signature of Signing Officer or Director

Date