2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2008
Secretary of State

DOCUMENT# N06000004950

Entity Name: PUNTA GORDA NATIONAL HIBISCUS FESTIVAL INC

Current Principal Place of Business:

620 WEST MARION AVENUE
PUNTA GORDA, FL 33950

New Principal Place of Business:

Current Mailing Address:

620 WEST MARION AVENUE
PUNTA GORDA, FL 33950

New Mailing Address:

FEI Number: 20-4535853 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MACGIBBON, DAWN
620 WEST MARION AVENUE
PUNTA GORDA, FL 33950 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: PT ( ) Delete
Name: MACGIBBON, DAWN
Address: 620 WEST MARION AVENUE
City-St-Zip: PUNTA GORDA, FL 33950

Title: V (X) Delete
Name: MUNSON, STAN
Address: 3907 MADRID CT.
City-St-Zip: PUNTA GORDA, FL 33950

Title: S (X) Delete
Name: MCCOLMBS, DIANNE
Address: 3907 MADRID CT.
City-St-Zip: PUNTA GORDA, FL 33950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change ( ) Addition
Name: MACGIBBON, DAWN
Address: 620 WEST MARION AVENUE
City-St-Zip: PUNTA GORDA, FL 33950

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: DIANNE MARIE MCCOMBS ASST 02/05/2008

Electronic Signature of Signing Officer or Director — Date