

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006071

FILED  
Jan 17, 2009  
Secretary of State

**Entity Name:** THE ST. JOHNS RIVER FESTIVAL OF THE ARTS, INC., IN HISTORIC SANFORD, FLORIDA

**Current Principal Place of Business:**

118 SOUTH PALMETTO AVE  
SANFORD, FL 32771

**New Principal Place of Business:**

**Current Mailing Address:**

118 SOUTH PALMETTO AVE  
SANFORD, FL 32771

**New Mailing Address:**

P.O. BOX 223  
SANFORD, FL 32772-223 US

**FEI Number:** 26-2880664

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NELSON, STEVEN L  
118 SOUTH PALMETTO AVE  
SANFORD, FL 32771 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: D ( ) Delete  
Name: HICKS, PAT  
Address: 268 ENGLENOOK DRIVE  
City-St-Zip: DEBARRY, FL 32713

Title: D ( ) Delete  
Name: THOMPSON, TRISH  
Address: 3420 DAWN COURT  
City-St-Zip: LAKE MARY, FL 32746

Title: D ( ) Delete  
Name: NELSON, STEVEN L  
Address: 3411 DAWN COURT  
City-St-Zip: LAKE MARY, FL 32746

Title: D (X) Delete  
Name: HOUSE, KIM  
Address: 3411 DAWN COURT  
City-St-Zip: LAKE MARY, FL 32746

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: HOUSE, KIM  
Address: 1105 SOUTH OAK AVE.  
City-St-Zip: SANFORD, FL 32771 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: STEVEN L NELSON

D

01/17/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date