

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008072

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: FESTIVAL SINGERS OF FLORIDA, INC.

**Current Principal Place of Business:**

730 HI LO WAY  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

**Current Mailing Address:**

730 HI LO WAY  
TALLAHASSEE, FL 32308

**New Mailing Address:**

FEI Number: 80-0248293

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FENTON, KEVIN  
730 HI LO WAY  
TALLAHASSEE, FL 32308 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: P ( ) Delete  
Name: HODGES, HOLLY  
Address: 2256 CYPRESS TRACE CIRCLE  
City-St-Zip: ORLANDO, FL 32825

Title: S ( ) Delete  
Name: DAVIS, DEBORAH  
Address: 724 TROPICAL TRAIL  
City-St-Zip: MERRITT ISLAND, FL 32952

Title: T ( ) Delete  
Name: CARSON, COLBY  
Address: 1900 CENTRE POINTE BLVD #88  
City-St-Zip: TALLAHASSEE, FL 32308

Title: BM ( ) Delete  
Name: GODWIN, MERYL  
Address: 611 LAKE CATHERINE DRIVE  
City-St-Zip: MAITLAND, FL 32751

Title: BM ( ) Delete  
Name: MEADOWS, BETH  
Address: 4517 HAYLOCK DRIVE  
City-St-Zip: ORLANDO, FL 32807

Title: BM ( ) Delete  
Name: LELAND, FRANCES  
Address: 3040 TEMPLE TRAIL  
City-St-Zip: WINTER PARK, FL 32789

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

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

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

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

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: HOLLY HODGES

PRES

04/15/2009

Electronic Signature of Signing Officer or Director

Date