

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000003736

**FILED**  
**Jan 10, 2012**  
**Secretary of State**

**Entity Name:** BLUE CRAB FESTIVAL, INC.

**Current Principal Place of Business:**

100 ST. JOHNS AVENUE  
PALATKA, FL 32177

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1351  
PALATKA, FL 32178 US

**New Mailing Address:**

**FEI Number:** 27-2216711

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ARRINGTON, RITA  
100 SEMINOLE CIRCLE  
SAN MATEO, FL 32187 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:** DIR  
**Name:** MORRIS, CARLA J  
**Address:** P.O. BOX 1351  
**City-St-Zip:** PALATKA, FL 32178

**Title:** DIR  
**Name:** ALFORD, CHARLES E  
**Address:** P.O. BOX 1351  
**City-St-Zip:** PALATKA, FL 32178

**Title:** DIR  
**Name:** ARRINGTON, RITA A  
**Address:** P.O. BOX 129  
**City-St-Zip:** SAN MATEO, FL 32131

**Title:** DIR  
**Name:** TRACY, STEINMETZ  
**Address:** P.O. BOX 1351  
**City-St-Zip:** PALATKA, FL 32178

I hereby 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 all other like empowered.

**SIGNATURE:** RITA ARRINGTON

DIR

01/10/2012

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

\_\_\_\_\_  
Date