

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2007 8:00 am**  
**Secretary of State**

03-16-2007 90034 019 \*\*\*\*61.25

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|  |                          |   |  |  |  |
|--|--------------------------|---|--|--|--|
| <b>DOCUMENT # N17336</b><br>1. Entity Name<br><b>SARASOTA MUSIC FESTIVAL, INC.</b>   |                          |   |  |  |  |
| Principal Place of Business<br><b>709 N TAMiami TRAIL<br/>SARASOTA, FL 34236</b>   |                          |   | Mailing Address<br><b>709 N TAMiami TRAIL<br/>SARASOTA, FL 34236</b> |  |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.  |                          |   | 3. Mailing Address<br><br>Suite, Apt. #, etc.                        |  |  |
| City & State<br><br>Zip                      Country   |                          |   | City & State<br><br>Zip                      Country                 |  |  |
| 4. FEI Number<br><b>59-2603081</b>   |                          |   | Applied For<br><input type="checkbox"/> Not Applicable               |  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |                          |   | <b>\$8.75 Additional Fee Required</b>                                |  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>MCKENNA, JOSEPH<br/>709 NORTH TAMiami TRAIL<br/>SARASOTA, FL 34236</b>   |                          |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <b>FL</b> Zip Code |  |
| 8. 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. I am familiar with, and accept the obligations of registered agent.  |                          |   |  |  |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>   |                          |   |  |  |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b>  |                          | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be<br/>Added to Fees</b>   |  |
| <b>Make check payable to<br/>Florida Department of State</b>   |                          |   |  |  |  |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> </div> </div>   |                          |   |  |  |  |
| TITLE  | VD                       | <input type="checkbox"/> Delete   | TITLE  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   | BEATRICE FRIEDMAN        |   | NAME   |  |  |
| STREET ADDRESS   | 435 L'AMBIANCE DR PHG    |   | STREET ADDRESS   |  |  |
| CITY-ST-ZIP  | LONGBOAT KEY, FL         |   | CITY-ST-ZIP  |  |  |
| TITLE  | S                        | <input type="checkbox"/> Delete   | TITLE  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   | MONSKY, MARIE            |   | NAME   |  |  |
| STREET ADDRESS   | 8283 SHADOW PINE WY      |   | STREET ADDRESS   |  |  |
| CITY-ST-ZIP  | SARASOTA, FL 34238       |   | CITY-ST-ZIP  |  |  |
| TITLE  | CFO                      | <input type="checkbox"/> Delete   | TITLE  | CFO  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | DOUGLAS, SHANELY M       |   | NAME   | SHANLEY, DOUGLAS M.  |  |
| STREET ADDRESS   | 5271 ASHLEY PARKWAY      |   | STREET ADDRESS   | 4604 TUSCANA DRIVE   |  |
| CITY-ST-ZIP  | SARASOTA, FL 34241       |   | CITY-ST-ZIP  | SARASOTA, FL 34241   |  |
| TITLE  | P                        | <input type="checkbox"/> Delete   | TITLE  | CORRECT SPELLING   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | TAILMIN, VIRGINIA        |   | NAME   | TOLLMIN, VIRGINIA  |  |
| STREET ADDRESS   | 340 S PALM AVE, # 143    |   | STREET ADDRESS   |  |  |
| CITY-ST-ZIP  | BRADENTON, FL 34210      |   | CITY-ST-ZIP  |  |  |
| TITLE  | P                        | <input type="checkbox"/> Delete   | TITLE  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   | LANGTON, BRYAN           |   | NAME   |  |  |
| STREET ADDRESS   | 3632 FAIR OAKS PL        |   | STREET ADDRESS   |  |  |
| CITY-ST-ZIP  | LONGBOAT KEY, FL 34228   |   | CITY-ST-ZIP  |  |  |
| TITLE  | T                        | <input type="checkbox"/> Delete   | TITLE  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   | HONEY, MARTHA            |   | NAME   |  |  |
| STREET ADDRESS   | 3428 HIGHLANDS BRIDGE RD |   | STREET ADDRESS   |  |  |
| CITY-ST-ZIP  | SARASOTA, FL 34235       |   | CITY-ST-ZIP  |  |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                          |   |  |  |  |
| <b>SIGNATURE:</b>  |                          |   |  |  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                      Date                      Daytime Phone #</small>   |                          |   |  |  |  |