


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 06, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N22128</b> 1. Entity Name GREAT GULF COAST ARTS FESTIVAL, INC.	
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Principal Place of Business 17 S. PALAFOX STREET SUITE #335 PENSACOLA, FL 32502	Mailing Address 3519 BAYSWATER DR PENSACOLA, FL 32514
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07022006 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2884632	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  PERRIGO, CRAIG 3519 BAYSWATER DR. PENSACOLA, FL 32514
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**DO NOT WRITE  
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>	DATE _____
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<b>Filing Fee is \$61.25 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAZANI, JAY 3006 CORAL STRIP PKY GULF BREEZE, FL 32563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAPOLES, PAULA LOU 7150 PRINTERS ALLEY MILTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MERRITT, DONNA 3011 BLACKSHEAR AVE PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PERRIGO, CRAIG 3519 BAYSWATER DR. PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARNER, SUE 430 BELLE CHASSE WAY PENSACOLA, FL 32506
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000568027  
07/06/06-80005-018 61.25

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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> <u>Craig A. Perrigo</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>July 2, 2006</u> <small>Date</small>	<u>850-476-4375</u> <small>Daytime Phone #</small>
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