

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # N22128

1. Entity Name
GREAT GULF COAST ARTS FESTIVAL, INC.



Principal Place of Business
17 S. PALAFOX STREET
SUITE #335
PENSACOLA, FL 32502

Mailing Address
3519 BAYSWATER DR
PENSACOLA, FL 32514



01182007 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 ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

PERRIGO, CRAIG
3519 BAYSWATER DR.
PENSACOLA, FL 32514

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

U00000595097
01/23/07-80025-025 61.25

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IN THIS SPACE**

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.

SIGNATURE:

Craig A. Perrigo / **CRAIG A. PERRIGO**

1-19-2007

850-476-4375

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #