

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24452

FILED
Jan 08, 2006
Secretary of State

Entity Name: SANIBEL MUSIC FESTIVAL, INC.

Current Principal Place of Business:

BOX 1623
SANIBEL, FL 33957

New Principal Place of Business:

Current Mailing Address:

BOX 1623
SANIBEL, FL 33957

New Mailing Address:

FEI Number: 65-0032845

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MURTY, TIMOTHY
1633 PERIWINKLE WAY
SANIBEL, FL 33957 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: DP () Delete
Name: ORRELL, ROBERT
Address: 1662 SERENITY LANE
City-St-Zip: SANIBEL, FL 33957

Title: DVP () Delete
Name: STEELE, GENE
Address: 949 KINGS CROWN ROAD
City-St-Zip: SANIBEL, FL 33957

Title: DS () Delete
Name: SCHLACKMAN, JONE
Address: 1331 SANDCASTLE ROAD
City-St-Zip: SANIBEL, FL

Title: DT () Delete
Name: ORRELL, ROBERT W
Address: 1662 SERENITY LN
City-St-Zip: SANIBEL, FL 33957

Title: DVP () Delete
Name: WALSH, FLORENCE
Address: 9445 BEVERLY LANE
City-St-Zip: SANIBEL, FL 33957

Title: D () Delete
Name: STONE, JANE
Address: 8987 MOCKINGBIRD LANE
City-St-Zip: SANIBEL, FL 33957

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
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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 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: ROBERT W. ORRELL

DP

01/08/2006

Electronic Signature of Signing Officer or Director

Date