

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27193

FILED
Jan 29, 2009
Secretary of State

Entity Name: WINTERFEST, INC.

Current Principal Place of Business:

512 NE 3RD AVE
FT. LAUDERDALE, FL 33301 US

New Principal Place of Business:

Current Mailing Address:

512 NE 3RD AVE
FT. LAUDERDALE, FL 33301 US

New Mailing Address:

FEI Number: 65-0059092 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORRELL, GARY
512 NE 3RD AVE.
FORT LAUDERDALE, FL 33301 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: CD () Delete
Name: CORRELL, GARY
Address: 100 NE 183 STREET
City-St-Zip: MIAMI, FL 33179

Title: TD () Delete
Name: ORTNER, KEN
Address: 1119 SE 3RD AVENUE
City-St-Zip: FT. LAUDERDALE, FL 33316

Title: SD () Delete
Name: LONG, MICHAEL
Address: 1600 S. ANDREWS AVE
City-St-Zip: FORT LAUDERDALE,, FL 33316

Title: D () Delete
Name: VIRGINIA, MILLER
Address: 614 S FEDERAL HIGHWAY
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: PRES () Delete
Name: FOUNDS, LISA
Address: 512 NORTHEAST 3RD AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: LCD () Delete
Name: VINES, ROBYN
Address: 200 E BROWARD BLVD
City-St-Zip: FORT LAUDERDALE, FL 33301

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
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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 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: LISA SCOTT FOUNDS

PRES

01/29/2009

Electronic Signature of Signing Officer or Director

Date