


FILE NOW: FILING FEE IS \$61.25

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Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90119 027 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N34317					
1. Corporation Name SENIORS FESTIVAL INC.					
Principal Place of Business P O BOX 08424 FORT MYERS FL 33908 US			Mailing Address P O BOX 08424 FORT MYERS FL 33908 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/25/1989	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0217722	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution <input type="checkbox"/>	
Country		Country		\$5.00 May Be Added to Fees	
25		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HOLLAND, SUSAN M 11701 POINTE CIRCLE DR FT. MYERS FL 33908				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Susan M Holland, Treasurer DATE 3-1-99

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KAYRISH, KITTY			1.2 NAME			
STREET ADDRESS	5817 DRIFTWOOD PARKWAY			1.3 STREET ADDRESS			
CITY-ST-ZIP	CAPE CORAL FL 33904			1.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOLLAND, SUSAN			2.2 NAME			
STREET ADDRESS	P O BOX 08424 N/A			2.3 STREET ADDRESS			
CITY-ST-ZIP	FT MYERS FL			2.4 CITY-ST-ZIP			
TITLE	SD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FLETCHER, DIANE			3.2 NAME	Ezzi, Cinda		
STREET ADDRESS	12780 KENWOOD LN			3.3 STREET ADDRESS	2727 Winkler Ave		
CITY-ST-ZIP	FT MYERS FL			3.4 CITY-ST-ZIP	Ft Myers, FL 33901		
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RON HIMMELMAN			4.2 NAME	Mills, Ken		
STREET ADDRESS	3410 PALM BCH BLVD			4.3 STREET ADDRESS	3410 Palm Bch Blvd		
CITY-ST-ZIP	FT MYERS FL			4.4 CITY-ST-ZIP	Ft Myers, FL 33916		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHNARS, WENDY			5.2 NAME	White, Terry		
STREET ADDRESS	3410 PALM BEACH BLVD.			5.3 STREET ADDRESS	2285 First St		
CITY-ST-ZIP	FT. MYERS FL			5.4 CITY-ST-ZIP	Ft Myers, FL 33901		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Susan M Holland DATE 3/1/99 (941) 64-2151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

x 131

CR2E037 (11/98)