


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 21, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N38907</b> 1. Entity Name <b>BIGSUN ARTSFEST, INC.</b>	
--	---

Principal Place of Business <b>808 SE FORT KING ST OCALA, FL 34471 US</b>	Mailing Address <b>808 SE FORT KING ST OCALA, FL 34471 US</b>
--	--

**DO NOT WRITE IN THIS SPACE**



01142004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-3023087</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**MORRIS, BEVERLY A  
808 SE FORT KING ST  
OCALA, FL 34471**

**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 reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ZUKOSKI, JOSEPH J JR. 2031 SE 14TH LN OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST MORRIS, BEVERLY A 808 SE FT KING ST OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCALL, BETH 7075 SE 12TH CIRCLE OCALA, FL 34480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000009530  
01/21/04-80015-017 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: Beverly A. Morris  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_