

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39131

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: ST. AUGUSTINE EASTER WEEK FESTIVAL, INC.

## Current Principal Place of Business:

478 STATE ROAD 16  
ST. AUGUSTINE, FL 32084

## New Principal Place of Business:

1715 OLD MOULTRIE RD  
ST. AUGUSTINE, FL 32084

## Current Mailing Address:

P.O. BOX 3631  
ST. AUGUSTINE, FL 32085

## New Mailing Address:

1715 OLD MOULTRIE RD  
ST. AUGUSTINE, FL 32084

FEI Number: 59-2910400

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCDANIEL, KELLY D  
3535 C.R. 214  
ST. AUGUSTINE, FL 32092 US

## Name and Address of New Registered Agent:

GENOVAR, PHILIP B  
1715 OLD MOULTRIE RD  
ST. AUGUSTINE, FL 32084 US

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: PHILIP B GENOVAR

04/30/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: GENOVAR, PHILLIP  
Address: 1715 OLD MOULTRIE RD.  
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: VD ( ) Delete  
Name: WHALEY, JANELLE P  
Address: 6566 SHERRY LANE  
City-St-Zip: SAINT AUGUSTINE, FL 32095

Title: VD ( ) Delete  
Name: LETTERMAN, THERESA  
Address: 7 1/2 FAIRBANKS  
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: SD ( ) Delete  
Name: LISA, COLEE  
Address: 2998 NORTH 2ND STREET  
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: TD ( ) Delete  
Name: MCDANIEL, KELLY D  
Address: 3535 C.R. 214  
City-St-Zip: SAINT AUGUSTINE, FL 32092

## 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  
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 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: PHILIP B GENOVAR

PD

04/30/2009

Electronic Signature of Signing Officer or Director

Date