

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N39131

**FILED**  
**Apr 14, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

1715 OLD MOULTRIE RD  
ST. AUGUSTINE, FL 32084

**New Principal Place of Business:**

**Current Mailing Address:**

1715 OLD MOULTRIE RD  
ST. AUGUSTINE, FL 32084

**New Mailing Address:**

**FEI Number:** 59-2910400

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GENOVAR, PHILIP B  
1715 OLD MOULTRIE RD  
ST. AUGUSTINE, FL 32084 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: PD  
Name: GENOVAR, PHILLIP  
Address: 1715 OLD MOULTRIE RD.  
City-St-Zip: SAINT AUGUSTINE, FL 32084

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: PHILIP GENOVAR

PD

04/14/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date