

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 08, 1999 8:00 am**  
**Secretary of State**

03-08-1999 90037 044 \*\*\*\*61.25

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**DOCUMENT # N39676**

1. Corporation Name

**MANGO FESTIVAL INC.**

Principal Place of Business  
P.O. BOX 841  
DEERFIELD BEACH FL 33443

Mailing Address  
P.O. BOX 841  
DEERFIELD BEACH FL 33443



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

**06/25/1990**

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

**65-0225080**

Applied For  
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PRATT, ANDREW A**  
**495 NW 3 TERR**  
**DEERFIELD BCH FL 33441**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **VPT**  
STREET ADDRESS **GOMBS, NEVILLE**  
CITY-ST-ZIP **1331 SOUTHWEST 10TH TERRACE**  
**DEERFIELD BEACH FL 33441**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **P**  
STREET ADDRESS **PRATT, ANDREW A SR**  
CITY-ST-ZIP **495 N.W. THIRD TERR.**  
**DEERFIELD BEACH FL 33441**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **T**  
STREET ADDRESS **BUTLER, FRANCINA S**  
CITY-ST-ZIP **510 SOUTHWEST 11TH STREET**  
**DEERFIELD BEACH FL 33441**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **S**  
STREET ADDRESS **WRIGHT, JULIA**  
CITY-ST-ZIP **297 NORTHWEST 2ND STREET**  
**DEERFIELD BEACH FL 33441**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS **297 Northwest 1st Avenue**  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **CMT**  
STREET ADDRESS **KITT, SHARON**  
CITY-ST-ZIP **254 SOUTHWEST 2ND STREET**  
**DEERFIELD BCH FL 33441**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **CT**  
STREET ADDRESS **WESTELY, HAROLD**  
CITY-ST-ZIP **1061 SOUTHWEST 8TH AVENUE**  
**DEERFIELD BCH FL 33441**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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: *Mark H. Smith* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/24/99** **(561) 438-3019**

Date

Daytime Phone #

CR2E037 (1/98)