

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N39676**

1. Entity 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**



04202005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0225080**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

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

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
WRIGHT, JULIA  
297 NORTHWEST 1ST AVE  
DEERFIELD BEACH, FL 33441**

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

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

U00000326480  
04/23/05-80058-005 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)(f), 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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/20/04 954-592-9653  
Date Daytime Phone #