

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42624

FILED  
Jan 27, 2008  
Secretary of State

**Entity Name:** EIGHT FLAGS SHRIMP FESTIVAL, INCORPORATED

**Current Principal Place of Business:**

FERNANDINA BEACH  
FERNANDINA BEACH, FL 32034 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 6146  
FERNANDINA BEACH, FL 320356146 US

**New Mailing Address:**

**FEI Number:** 59-3054438

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

POOLE, WESLEY R.  
303 CENTRE ST  
SUITE 200  
FERNANDINA BEACH, FL 32034 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: ED ( ) Delete  
Name: PRICE, SANDRA L  
Address: 203 BONNIEVIEW RD.  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: D ( ) Delete  
Name: DUNCAN, TODD  
Address: 86153 FIELDSTONE  
City-St-Zip: YULEE, FL 32097

Title: T ( ) Delete  
Name: BOOK, BARBARA  
Address: 14 S. 6TH ST.  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: C ( ) Delete  
Name: DEATON, MARK  
Address: 1941 ISLAND WALK WAY  
City-St-Zip: FERNANDINA BEACH, FL 32035

Title: D ( ) Delete  
Name: ROBERTS, BEANO 14  
Address: P O BOX 87  
City-St-Zip: FERNANDINA BEACH, FL 32035

Title: S ( ) Delete  
Name: COXWELL, NANCY  
Address: 2119 ATLANTIC AVENUE  
City-St-Zip: FERNANDINA BEACH, FL 32034

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: SIKES, MARY  
Address: P.O. BOX 481  
City-St-Zip: FERNANDINA BEACH, FL 32034

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: SANDRA L. PRICE

ED

01/27/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date