2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# N45049

Entity Name: MERRICK FESTIVAL, INCORPORATED

Current Principal Place of Business:

3125 SEGOVIA STREET
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 143506
CORAL GABLES, FL 331143506

New Mailing Address:

FEI Number: 65-0288110 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BAUMGARTNER, SALLY L PRES.
3125 SEGOVIA STREET
CORAL GABLES, FL 33134 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: VPD ( ) Delete
Name: MORRIS, AARON
Address: 2931 LOUISE STREET
City-St-Zip: COCONUT GROVE, FL 33133

Title: PD ( ) Delete
Name: BAUMGARTNER, SALLY,
Address: 3125 SEGOVIA ST
City-St-Zip: CORAL GABLES, FL

Title: SD ( ) Delete
Name: BURNS, GLORIA
Address: 2655 LEJEUNE ROAD
City-St-Zip: CORAL GABLES, FL 33134

Title: TD ( ) Delete
Name: WOODBRIDGE, YOLANDA
Address: 2655 LEJEUNE ROAD
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change ( ) Addition
Name: BURNS, GLORIA
Address: 5501 NW 112 COURT
City-St-Zip: DORAL, FL 33178

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: SALLY L. BAUMGARTNER PD 01/14/2009

Electronic Signature of Signing Officer or Director — Date