

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 04, 2005 8:00 am**  
**Secretary of State**

03-04-2005 90089 040 \*\*\*\*61.25

**DOCUMENT # N45422**

1. Entity Name

MICANOPY FALL FESTIVAL III, INC.



Principal Place of Business

PO BOX 335  
MICANOPY FL 32667

Mailing Address

PO BOX 335  
MICANOPY FL 32667

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLEVELAND, MARY L  
22661 NW 91 CT RD  
MICANOPY FL 32667

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution.

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE V  
NAME SHEPPARD, MURVIN  
STREET ADDRESS 10396 NW 193RD STREET  
CITY-ST-ZIP MICANOPY FL 32667 ☐ Delete

TITLE P  
NAME GEERS, ED  
STREET ADDRESS 10715 SW 10TH TERRACE  
CITY-ST-ZIP MICANOPY FL 32667 ☒ Delete

TITLE TD  
NAME CLEVELAND, MARY  
STREET ADDRESS P O BOX 646 (22661 NW 91 CT RD)  
CITY-ST-ZIP MICANOPY FL 32667 ☐ Delete

TITLE SD  
NAME IRWIN, PHILIP  
STREET ADDRESS P.O. BOX 678  
CITY-ST-ZIP MICANOPY FL 32667 ☐ Delete

TITLE SD  
NAME ANGELA HOWARD  
STREET ADDRESS PO BOX 691  
CITY-ST-ZIP MICANOPY FL 32667 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE P  
NAME Irwin, Philip  
STREET ADDRESS PO Box 678  
CITY-ST-ZIP Micanopy FL 32667 ☒ Change ☐ Addition

TITLE SD  
NAME Angela Howard  
STREET ADDRESS po Box 691  
CITY-ST-ZIP micanopy FL 32667 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 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

3-1-05

(352) 466-4263

Date

Daytime Phone #