


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2006 08:00 AM
Secretary of State

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| DOCUMENT # N45422 1. Entity Name MICANOPY FALL FESTIVAL III, INC. |  |
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| Principal Place of Business PO BOX 335 MICANOPY, FL 32667 | Mailing Address PO BOX 335 MICANOPY, FL 32667 |
|---|---|

DO NOT WRITE IN THIS SPACE



03152006 No Chg-NP CR2E037 (11/05)

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| 4. FEI Number 59-3084202 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

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

**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 renewing) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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| Filing Fee is \$61.25 Due by May 1, 2006 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | 100000478321 04/08/06-80001-006 61.25 |
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10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V SHEPPARD, MURVIN 10396 NW 193RD STREET MICANOPY, FL 32667 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD HOWARD, ANGELA P O BOX 591 MICANOPY, FL 32667 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD CLEVELAND, MARY P O BOX 646 (22661 NW 91 CT RD) MICANOPY, FL 32667 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P IRWIN, PHILIP P.O. BOX 678 MICANOPY, FL 32667 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Mary L Cleveland 3/22/06 (352)466-4263
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #