

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45422

FILED
Apr 24, 2009
Secretary of State

Entity Name: MICANOPY FALL FESTIVAL III, INC.

Current Principal Place of Business:

706 NE CHOLOKKA BLVD
MICANOPY, FL 32667

New Principal Place of Business:

Current Mailing Address:

PO BOX 335
MICANOPY, FL 32667

New Mailing Address:

FEI Number: 59-3084202

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLEVELAND, MARY L
22661 NW 91 CT RD
MICANOPY, FL 32667 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: V () Delete
Name: SHEPPARD, MURRVIN
Address: 10396 NW 193RD STREET
City-St-Zip: MICANOPY, FL 32667

Title: P () Delete
Name: GEERS, ED
Address: 10715 SW 10 TERRACE
City-St-Zip: MICANOPY, FL 32667

Title: TD () Delete
Name: CLEVELAND, MARY L
Address: P O BOX 646 (22661 NW 91 CT RD)
City-St-Zip: MICANOPY, FL 32667

Title: SD () Delete
Name: IRWIN, PHILIP
Address: P.O. BOX 678
City-St-Zip: MICANOPY, FL 32667

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change () Addition
Name: JOHNSON, TREY
Address: 10612 SW 10 TERRACE
City-St-Zip: MICANOPY, FL 32667

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

Title: SEC (X) Change () Addition
Name: IRWIN, PHILIP
Address: P.O. BOX 678
City-St-Zip: MICANOPY, FL 32667

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: MARY L CLEVELAND

TD

04/24/2009

Electronic Signature of Signing Officer or Director

Date