FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N48086** **(5)**

1. Corporation Name

INTERGENERATIONAL FESTIVALS, INC.

Principal Place of Business	Mailing Address
5268 TENNIS COURT CIRCLE TAMPA FL 33617	5268 TENNIS COURT CIRCLE TAMPA FL 33617

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/25/1992**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-3142363** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangibles tax under S. 1 ... Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

LYNCH, PAUL R.
101 E KENNEDY BLVD
SUITE 2500
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	JUSTISS, ANNE	12 NAME	
STREET ADDRESS	5268 TENNIS COURT CIR	13 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	
TITLE	S	21 TITLE	SECRETARY ☒ Change ☒ Addition
NAME	MARCUS, SEAN	22 NAME	PICON, JUNI (D)
STREET ADDRESS	611 CHANCELLAR	23 STREET ADDRESS	6704 N. CAMERON
CITY-ST-ZIP	LUTZ FL	24 CITY-ST-ZIP	TAMPA FL.
			← OMIT
TITLE	DP	31 TITLE	TREASURER (D) ☐ Change ☐ Addition
NAME	BELLMAN, HARVEY	32 NAME	BELLMAN, HARVEY
STREET ADDRESS	5268 TENNIS COURT CIRCLE	33 STREET ADDRESS	5268 TENNIS CT. CIRCLE
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP	TAMPA, FL.
TITLE	DV	41 TITLE	PRESIDENT (D) ☑ Change ☐ Addition
NAME	JENNINGS, RHODA	42 NAME	JENNINGS, RHODA
STREET ADDRESS	16001 LK SHORE VILLA DR	43 STREET ADDRESS	16001 LK. SHORE VILLA DR.
CITY-ST-ZIP	TAMPA FL	44 CITY-ST-ZIP	TAMPA, FL.
TITLE	TD	51 TITLE	VICE-PRESIDENT (D) ☑ Change ☐ Addition
NAME	SUSSMAN, PETRA	52 NAME	SUSSMAN, PETRA
STREET ADDRESS	1411 E. NORTH ST.	53 STREET ADDRESS	1411 E. NORTH ST.
CITY-ST-ZIP	TAMPA FL	54 CITY-ST-ZIP	TAMPA, FL.
TITLE	D	61 TITLE	SUZY SHAFFER (D) ☒ Change ☒ Addition
NAME	PLOWDER, FRANCES	62 NAME	8416 N. ASILEY ST.
STREET ADDRESS	1807 HILLSIDE DR.	63 STREET ADDRESS	TAMPA, FL.
CITY-ST-ZIP	TAMPA FL	64 CITY-ST-ZIP	← OMIT

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: HARVEY BELLMAN (TREASURER) 4/24/95 813-989-2295
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0084414