FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

SIGNATURE:

DOCUMENT # N48086

(5)

INTERGENERATIONAL FESTIVALS, INC.							
Principal Place of Business Mailing Address					F #40FILIDA DILI 81001 18311 4018F 10	(18 B) II F 118 F F B) B) II B B B B B B B B B B B B B B B	
5268 TENNIS COURT CIRCLE 5268 TENNIS COURT CIRC TAMPA FL 33617 TAMPA FL 33617							
					 Date Incorporated or Qualified 03/25/1992 	3a. Date of Last Report 05/01/1995	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For	
21		26			59-3142363	Not Applicable	
Suite, Apt. #, etc. Suite, Ap			pt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
City & State	City & State	State			Fee Required		
23		28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be		
Zip Country			Zip Country		Trust Fund Contribution Added to Fees 8. This corporation has liability for integrable tax under s. 199.032,		
24	25]		30		Florida Statutes Provida Statutes Provida Statutes		
	9. Name and Address of Curren	t Registered Agent	11		10. Name and Address of New		
			8	1 Name			
LYNCH, PAUL R. 82 Street Address (P.O. Box Number is Not Acceptable)							
101 E KENNEDY BLVD				Street	t Address (P.O. Box Number is Not Acceptable)		
SUITE 2500			8	3			
	FL 33602		_				
17 WHI 14 1	1 2 00002		8	4 City		FL 85 Zip Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.							
SIGNATURE							
				ent signature i	ature required when reinstating! DATE		
12.	OFFICERS AND DIFIECTORS D DELETE		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	D DELETE JUSTISS, ANNE		1.1 Title			Change (1) Addition	
STREET ADDRESS	5268 TENNIS COURT CIR		1.2 NAM				
	TAMPA FL			ET ADDRESS		336/7	
CITY-ST-ZIP TITLE	DS GOELETE		1.4 CITY 2.1 TITLE		-1	Change Addition	
NAME	PICON, JOH		2.2 NAM		STACKER, SUSAM	Change Addition	
STREET ADDRESS	6909 N CAMERON		2.3 STREET ADDRESS		1816		
CITY-ST-ZIP	TAMPA FL						
TITLE	D		2. 4 CITY 3.1 TITLE			Change Addition	
NAME	BELLMAN, HARVEY		3.2 NAM		L. Johnsy L. J. Hoomen		
STREET ADDRESS	5268 TENNIS COURT CIRCLE			Et address			
CITY-ST-ZIP	TAMPA FL		3.4. CITY			33617	
TITLE	DP	. DELETE	4.1 TITLE			Change Addition	
NAME	~~··········		4. 2 NAM		JENMINGS, RHODA		
STREET ADDRESS	16001 LK SMORE-VILLA DR			- ET ADDRESS	JENMINGS, RHODA 8639 N. HIMES APT TAMPA FC. 33614	-,1913	
CITY-ST-ZIP	TAMPA FL		4.4 CITY		TAMPA FC , 33616		
TITLE	VD	DELETE	5.1 TITLE		7/0/7	☐ Change ☐ Addition	
NAME	SUSSMAN, PETRA		5.2 NAM			_ , _	
STREET ADDRESS	1411 E. NORTH ST.	a a		ET ADDRESS			
CITY+ST-ZIP	74404 71 22/200		5.4 CITY			33604	
	7	Decree			011 - 606 0 0 -1/		
NAME	SHAFFER, SUZY 8416 NASHLEY ST. TAMPA FL Yeartify that the information supplied with this filing is voluntarily furnished.		6.2 NAM	<u> </u>	13477 rek,5424	··	
STREET ADDRESS	8416 N ASHLEY ST.		6.3 STRE	ET ADDRESS	18416 N. ASHLYY ST.		
CITY-ST-ZIP	TAMPA FL 3360V		6.4 CITY	ST-ZIP	TAMPA, FL, 3360) /	
14. I do hereb	y certify that the information supplied	vith this filing is voluntarily furn	ished and do	es not qua	alify for the exemption stated in Section 119	9.07(3)(k), 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 planged, of on an attachment with an address.							