FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # N48086

1. Corporation Name

(5)

INTERGENERATIONAL FESTIVALS, INC.

Principal Place of Business

SIGNATURE:

Mailing Address

FILED May 16 1997 8:00am Secretary of State

ÁNA ANDA ALDA BARA BARA

5268 TENNIS CO TAMPA FL 3361		5268 TENNIS COURT CIRCLE TAMPA FL 33617-4720				
				3. Date incorporated or Qualified 03/25/1992	3a. Date of Last Report 05/01/1996	
<i>481.0</i> 1	ace of Business	20. Mailing Address TVYCT.#11	A TAMPA E	4. FE! Number 59-3142363	Applied For	
Suite, Apt.	#. etc	Suite, Apt. #, etc.	. 7351	00 0 772000	Not Applicable \$8.75 Additional	
22	e I A	27 # IA		5. Certificate of Status Desired	Fee Required	
City & State 23 A7	MPA, th	City & State TAMPA	FL.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 3 3	61 25 Country SA	29 33617 30	Country	This corporation has liability for in Florida Statutes	ntangible tay under s. 199.032, Yes No	
	9. Name and Address of Current		<u> </u>	10. Name and Address of New Reg	· 	
			81 Name			
LYNCH,	PAUL R.		82 Street	Address (P.O. Box Number is Not Acceptable	e)	
101 E K	ENNEDY BLVD					
SUITE 25			63			
TAMPA F	FL 33602		84 City		FL 85 Zip Code	
11. Pursuant t	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes.	the above-named	corporation submits this statement for the pr	rpose of changing its registered	
agent. I as	egistered agent, of both, hi the state of m familiar with, and accept the obligati	in Florida. Such change was autr ions of, Section 617.0503, Florid	norized by the corp la Statutes.	poration's board of directors. I hereby accep	the appointment as registered	
SIGNATURE _	Paul X stored			4/3	V8/97	
12.	Signature, lyped or prince that is well steriou agent OFFICERS AND		egistered Agent signature 13.	required when reinstating) ADDITIONS/CHANGES TO OFFIC	ERS 200 10 (Staf FORS IN 12	
TITLE	D TICENS AND	, ELETE	1.1 TITLE	F - ADDITIONATIONAL TO OFFICE	ange Addition	
NAME	JUSTISS, ANNE	7	1.2 NAME		/, %	
STREET ADDRESS	5268 TENNIS COURT CIR		1.3 STREET ADDRESS		<i>,</i> *	
CITY-ST-ZIP	TAMPA FL	/	1.4 CITY-ST-ZIP			
TITLE	D	DELETE	2.1 TITLE	7	Change Addition	
NAME	BELLMAN, HARVEY		2.2 NAME	DOWYER, HET		
STREET ADDRESS	5268 TENNIS COURT CIRCLE		2.3 STREET ADDRESS	1006 ECKLES.	_	
CITY-ST-ZIP	TAMPA FL		2. 4 CITY-ST-ZIP		612	
TITLE	DP	☐ DELETE	3.1 TITLE	141111111111111111111111111111111111111	Change Addition	
NAME	JENNINGS, RHODA	_	3.2 NAME			
STREET ADDRESS	8639 N. HIMES APT. 1913		3.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL		3.4. CITY - ST - ZIP			
TITLE	VD	☐ DELETE	4.1 TITLE		Change Addition	
NAME	SUSSMAN, PETRA	·	4. 2 NAME			
STREET ADDRESS	1411 E. NORTH ST.		4.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL		4.4 CITY - ST - ZIP			
TITLE	D	☐ DELETE	5.1 TITLE		Change Addition	
NAME	SHAFFER, SUZY		5.2 NAME			
STREET ADDRESS	8416 N. ASHLEY ST.		5.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME			6.2 NAME			
STREET ADORESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			
14 Ldo beret	by certify that the information supplied	with this filing does not qualify f	or the exemption of	tated in Section 119.07(3)(i), Florida Statutes	. I further certify that the	
intormatio	n indicated on this annual report or su flicer or director of the corporation or t	ppiemental annual report is true he receiver or trustee empowers	and accurate and add to execute this i	t that my signature shall have the same legal report as required by Chapter 617, Florida Si	effect as if made under cath; that atutes; and that my name.	
appears i	n Block 12 or Block 18 if changed, or i	on an attachment with an addre	SS.		1 1 812	