SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $195 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $500)

NONPROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 30 AM 9:09

DOCUMENT # **N93000004769 (6)**

1. Corporation Name

CENTRAL FLORIDA FESTIVALS, INC.

Principal Place of Business	Mailing Address
5352 LAKE UNDERHILL RD. ORLANDO FL 32807	5352 LAKE UNDERHILL RD. ORLANDO FL 32807

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/18/1993
3a. Date of Last Report: 08/15/1994
4. FEI Number: 59-3210654 ☐ 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 ☒ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26 P.O. Box 621231
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27 ORLANDO FL
City & State 23	City & State 28 32862 ORANGE
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SMITH, SHAWN 5352 LAKE UNDERHILL RD. ORLANDO FL 32807	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 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 _____ DATE
Signature required (printed name of registered agent and the title, if applicable) NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (FILL IN)	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	SMITH, SHAWN	12 NAME	
STREET ADDRESS	5352 LAKE UNDERHILL RD.	13 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL 32807	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	SHEYNON-SMITH, CRISTIN	22 NAME	
STREET ADDRESS	5352 LAKE UNDERHILL RD.	23 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL 32807	24 CITY ST ZIP	
TITLE	D	31 TITLE	☒ Change ☐ Addition
NAME	MCMILLAN, ROBBIN R	32 NAME	
STREET ADDRESS	3611 SUTTON DR.	33 STREET ADDRESS	DELETE
CITY ST ZIP	ORLANDO FL 32810	34 CITY ST ZIP	
TITLE	D	41 TITLE	☒ Change ☐ Addition
NAME	MCMILLAN, CINDY	42 NAME	
STREET ADDRESS	3611 SUTTON DR.	43 STREET ADDRESS	DELETE
CITY ST ZIP	ORLANDO FL 32810	44 CITY ST ZIP	
TITLE	D	51 TITLE	☒ Change ☐ Addition
NAME	MARTIN, DIXIE	52 NAME	
STREET ADDRESS	1025 S. BEACH ST., #169	53 STREET ADDRESS	DELETE
CITY ST ZIP	DAYTONA BEACH FL 32114	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	CRANIS, TIM	62 NAME	
STREET ADDRESS	130 EILEEN DR.	63 STREET ADDRESS	
CITY ST ZIP	ALTAMORE SPRINGS FL 32714	64 CITY ST ZIP	

CR2E037 (3/95)

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: _____ 6-30-95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date

000480