

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001098

FILED
Jan 25, 2006
Secretary of State

Entity Name: NEWBERRY WATERMELON FESTIVAL, INC.

Current Principal Place of Business:

2829 S.W. SR 45
NEWBERRY, FL 32669 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 929
NEWBERRY, FL 32669 US

New Mailing Address:

FEI Number: 59-3232511

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTIN, CHARI B
P.O. BOX 929
NEWBERRY, FL 32669 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: P () Delete
Name: MARTIN, CHARI B
Address: PO BOX 413
City-St-Zip: TRENTON, FL 32693

Title: D () Delete
Name: MCKOY, JOYCE
Address: P.O. BOX 215
City-St-Zip: NEWBERRY, FL 32669

Title: D () Delete
Name: WOODCOCK, LINDA
Address: 23301 W NEWBERRY RD
City-St-Zip: NEWBERRY, FL 32669

Title: T () Delete
Name: MCGEHEE, KINDRA A
Address: 3702 NW 266TH ST
City-St-Zip: NEWBERRY, FL 32669

Title: S () Delete
Name: THOMAS, KATHI L
Address: 23301 W NEWBERRY ROAD
City-St-Zip: NEWBERRY, FL 32669

Title: D () Delete
Name: MCLENDON, DEANA W
Address: PO BOX 708
City-St-Zip: NEWBERRY, FL 32669

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: D (X) Change () Addition
Name: STINTON, KIM
Address: 25633 SW 20TH PLACE
City-St-Zip: NEWBERRY, FL 32669

I hereby certify that the information supplied with this filing does not qualify for the 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: CHARI MARTIN

P

01/25/2006

Electronic Signature of Signing Officer or Director

Date