

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N94000001098

FILED
Apr 30, 2003
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:

MCGEHEE, KINDRA A
P.O. BOX 896
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: T () Delete
Name: WALKER, CHARI B
Address: 14330 NW 72 TERR
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: P () Delete
Name: MCGEHEE, KINDRA A
Address: P.O. BOX 876
City-St-Zip: NEWBERRY, FL 32669

Title: D () 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: D (X) Change () Addition
Name: MCGEHEE, KINDRA A
Address: P.O. BOX 896
City-St-Zip: NEWBERRY, FL 32669

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 WALKER

T

04/30/2003

Electronic Signature of Signing Officer or Director

Date

CONNIE SINCLAIR GOODE, PRESIDENT
POB 929
NEWBERRY, FLORIDA 32669

CONNIE MESSER, SECRETARY
27913 SW 114TH PLACE
NEWBERRY, FLORIDA 32669