

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 21, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N94000001897**

1. Entity Name  
**SPRINGFEST, INC.**



Principal Place of Business  
**30 SOUTH SPRING ST  
PENSACOLA, FL 32501 US**

Mailing Address  
**P.O. BOX 385  
PENSACOLA, FL 32591**



02182007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3237865**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**BOOKMAN, ALAN B  
30 SOUTH SPRING STREET  
PENSACOLA, FL 32501**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	VPD
NAME	ISIARCUS, BOBBY
STREET ADDRESS	SIEMENS BLDG TECH, 1633 BARRANCAS AVE
CITY- ST- ZIP	PENSACOLA, FL 32501
TITLE	DP
NAME	RIDDLE, NANCY
STREET ADDRESS	30 SOUTH SPRING STREET
CITY- ST- ZIP	PENSACOLA, FL 32501
TITLE	DT
NAME	MANCHESTER, DIANA
STREET ADDRESS	316 S. BAYLON ST STE 300
CITY- ST- ZIP	PENSACOLA, FL 32502
TITLE	DS
NAME	BLADES, BOBBI
STREET ADDRESS	4396 GUSTY TERRACE
CITY- ST- ZIP	PENSACOLA, FL 32503
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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03/01/07-80043-007 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Diana Manchester* **Diana Manchester**

*2/19/07*

*850-444-7254*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number