

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 16, 1999 8:00 am
Secretary of State

09-16-1999 90008 025 ****61.25

616024-90008-25



NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000003955

1. Corporation Name

ORLANDO INTERNATIONAL FRINGE FESTIVAL, INC.

Principal Place of Business

398 W AMELIA ST
ORLANDO FL 32801

Mailing Address

398 W AMELIA ST
ORLANDO FL 32801

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

08/17/1995

4. FEI Number

59-3363982

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

9. Name and Address of Current Registered Agent

DUNEGAN, STEPHEN D
800 N MAGNOLIA AVE, S
SUITE 1500
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name

SHERRI K. DEWITT

82 Street Address (P.O. Box Number is Not Acceptable)

37 N. ORANGE AVE

83

SUITE 840

84 City

ORLANDO

FL

85 Zip Code

32801

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DV	<input type="checkbox"/> DELETE
NAME	GLATTING, JACK	
STREET ADDRESS	33 E. PINE ST.	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	WAGNER, CATHY	
STREET ADDRESS	2720 WRIGHT AVE.	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KELLUM, JOHN	
STREET ADDRESS	3482 MAGEE BOULEVARD	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	KENTON SMITH, WANDA	
STREET ADDRESS	733 WEST COLONIAL DRIVE	
CITY-ST-ZIP	ORLANDO FL 32304	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHANKS, JIM	
STREET ADDRESS	595 OAK COMMONS BOULEVARD	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	RUSSELL, RUSS	
STREET ADDRESS	35 W. PINE ST. STE. 222	
CITY-ST-ZIP	ORLANDO FL 32801-2656	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	PRESIDENT
6.3 STREET ADDRESS	SLADE
6.4 CITY-ST-ZIP	P.O. DRAWER 56248 ORLANDO, FL 32856-9248

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

Cathy Wagner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-9-1999

Date

328-4722x3323

Daytime Phone #

CR2E037 (5/99)