2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State
04-16-2004 90084 016 ****61.25

DOCUMENT # N96000004450

1. Entity Name
NATURE COAST FESTIVAL MUSIC INCORPORATED

Principal Place of Business	Mailing Address
~~4276 MONTGOMERY STREET~~ ~~BROOKSVILLE, FL 34601-8380~~	~~4276 MONTGOMERY STREET~~ ~~BROOKSVILLE, FL 34601-8380~~

2. Principal Place of Business	3. Mailing Address
133 CENTER OAK CIRCLE	133 CENTER OAK CIRCLE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
SPRING HILL FL	SPRING HILL FL
Zip 34609 Country	Zip 34609 Country

01052004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3408626 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HERN, DANIEL 4276 MONTOGMERY STREET BROOKSVILLE, FL 34601	Name M. ANN REID Street Address (P.O. Box Number is Not Acceptable) 133 CENTER OAK CIRCLE City SPRING HILL FL Zip Code 34609

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 M. ANN REID, SO M. Ann Reid 4/12/04
Signature, typed or printed name of registered agent and title, if applicable. (CR2E: Registered Agent's signature required when reinstating) Date

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SCHWARTZ, HELEN 6327 SKYLINE CT SPRING HILL, FL 34606	☒ Delete	SD M. ANN REID 133 CENTER OAK CIRCLE SPRING HILL, FL 34609	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DOUGHERTY, MARY ANN 1321 HENRY AVE SPRINGHILL, FL	☒ Delete	TD PAT CONVERSE 8479 COOPER TERRACE BROOKSVILLE, FL 34601	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KALISCAK, SANDRA 4276 MONTGOMERY STREET BROOKSVILLE, FL 34601	☐ Delete	PD CHAISSON, SHIRLEY 3159 CORONET COURT SPRING HILL, FL 34609	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	D PYLE, COLLEEN 295 EDERINGTON DRIVE BROOKSVILLE, FL 34601	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition

12. 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 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: M. Ann Reid M. ANN REID 4/12/04 352-428-7832
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #