



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90270 048 ****70.00

DOCUMENT # N97000000779 1. Entity Name ROOT CULTURAL FESTIVAL II, INC.					
Principal Place of Business 400 WEST ATLANTIC AVE STE 2A DELRAY BEACH, FL 33444			Mailing Address P.O BOX 26554 STE 2A DELRAY BEACH, FL 33444		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 2654		 04272004 Chg-NP CR2E037 (10/03)	
City & State		City & State Delray Beach, FL			
Zip		Zip 33447			
Country		Country U.S.A.			
4. FEI Number 59-2053039				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STEVENS, TOMMY 2920 DOLPHIN DRIVE DELRAY BEACH, FL 33444			7. Name and Address of New Registered Agent Name <u>William Young</u> Street Address (P.O. Box Number is Not Acceptable) <u>15112 Tall Oak Avenue</u> City <u>Delray Beach</u> <u>FL</u> Zip Code <u>33446</u>		
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 <u>William Young</u> DATE <u>4-28-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 RANDLPH, MARY 109 N.W. 11TH AVE DELRAY BEACH, FL 33444	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HILL-PARKER, JOUNICE 509 S.W. 15TH TERR DELRAY BEACH, FL 33444	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED STEVENS, TOMMY 2920 DOLPHIN DRIVE DELRAY BEACH, FL 33444	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YOUNG, WILLIAM 15112 TALL OAK AVENUE DELRAY BEACH, FL 33446	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED Elizabeth J. Wesley 309 Lincoln Lane Delray Beach, FL 33444	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE President Plummer, Shirley 329 Lincoln Lane Delray Beach, FL 33444	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED Elizabeth J. Wesley 309 Lincoln Lane Delray Beach, FL 33444	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: <u>William Young</u> William Young DATE <u>4-28-04</u> (561) 495-6505 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					