

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000779

FILED  
Jun 17, 2008  
Secretary of State

**Entity Name:** ROOT CULTURAL FESTIVAL II, INC.

**Current Principal Place of Business:**

85 SW 5TH AVE  
DELRAY BEACH, FL 33444

**New Principal Place of Business:**

**Current Mailing Address:**

85 SW 5TH AVE  
DELRAY BEACH, FL 33444

**New Mailing Address:**

**FEI Number:** 59-2053039      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

MCCARTHY, ALBERTA  
2845 S.W. 22ND AVE. UNIT 108  
DELRAY BEACH, FL 33445 US

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: C ( ) Delete  
Name: MCCARTHY, ALBERTA  
Address: 2805 SW 22ND AVE. UNIT 103  
City-St-Zip: DELRAY BEACH, FL 33445

Title: VC ( ) Delete  
Name: HERRING, EUGENE  
Address: 255 NW 9TH AVE  
City-St-Zip: DELRAY BEACH, FL 33444

Title: T ( ) Delete  
Name: TAYLOR, AGATHA K  
Address: 5127 NW 6TH CT.  
City-St-Zip: DELRAY BEACH, FL 33445

**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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: AGATHA K TAYLOR

T

06/17/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date