2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004015

FILED Apr 07, 2009 Secretary of State

Entity Name: ORANGE CITY BLUE SPRING MANATEE FESTIVAL INC.

Littly Nai	IIIE. ORANGE CITT BLUE SPRING WA	NATEL LESTIVAL, INC.		
Current P	rincipal Place of Business:	New Principal Place of Busin	New Principal Place of Business:	
	DLLY DRIVE CITY, FL 32763			
Current M	lailing Address:	New Mailing Address:	New Mailing Address:	
P.O. BOX ORANGE	740862 CITY, FL 32774			
FEI Number	: 59-3389356 FEI Number Applied For () FEI Number Not Applicable () Certi	ficate of Status Desired()	
Name and	l Address of Current Registered Agen	t: Name and Address of New R	legistered Agent:	
	ND CO K AVE. CITY, FL 32763 US			
	e named entity submits this statement for e of Florida.	the purpose of changing its registered office of	or registered agent, or both,	
SIGNATUI	RE:			
	Electronic Signature of Registered	d Agent	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO O	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () Delete ALLEBACH, JEFF H 482 W. HOLLY DRIVE ORANGE CITY, FL 32763	Title: () Chang Name: Address: City-St-Zip:	ge () Addition	
Title: Name: Address: City-St-Zip:	VPD () Delete LAYCOCK, GATOR 143 E. MICHIGAN ORANGE CITY, FL 32763	Title: () Chang Name: Address: City-St-Zip:	ge () Addition	
Title: Name: Address: City-St-Zip:	S () Delete SNYDER, LINDA 205 E GRAVES AVE. ORANGE CITY, FL 32763	Title: () Chang Name: Address: City-St-Zip:	ge () Addition	
Title: Name: Address: City-St-Zip:	TD () Delete HORN, BRENDA GARDENIA AVE ORANGE CITY, FL 32763	Title: () Chang Name: Address: City-St-Zip:	ge () Addition	

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: JEFF ALLEBACH PRES 04/07/2009