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May 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000005193 (4)**

1. Corporation Name

DELTONA SPRING FEST, INC.

Principal Place of Business

Mailing Address

P.O. BOX 5724
DELTONA FL 32728-5724

P.O. BOX 5724
DELTONA FL 32728-5724

3. Date Incorporated or Qualified

09/12/1997

4. FEI Number

59-3456743

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FISHER, PEGGY
900 YELLOWBIRD AVENUE
DELTONA FL 32725

81 Name

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

83

84 City

FL

85 Zip Code

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **Vice-President** ☒ DELETE
NAME **Joe Sullivan**
STREET ADDRESS **1780 Concert Road**
CITY-ST-ZIP **Deltona, FL 32725**

TITLE **P** ☐ DELETE
NAME **Peggy Fisher**
STREET ADDRESS **900 Yellowbird Ave**
CITY-ST-ZIP **Deltona, FL 32725**

TITLE **V** ☐ DELETE
NAME **Randolph Harris**
STREET ADDRESS **3370 George Sauls street**
CITY-ST-ZIP **Deltona, FL 32728**

TITLE **S** ☐ DELETE
NAME **Barbara Willey**
STREET ADDRESS **1407 Section Line Trail**
CITY-ST-ZIP **Deltona, FL 32725**

TITLE **T** ☐ DELETE
NAME **Leslie Pearce**
STREET ADDRESS **2015 N. Nemo Drive**
CITY-ST-ZIP **Deltona, FL 32725**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE **Y** ☐ Change ☒ Addition
1.2 NAME **Ken Runge**
1.3 STREET ADDRESS **1974 G Cooper Dr**
1.4 CITY-ST-ZIP **Deltona, FL 32725**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE: **Peggy Fisher** **PEGGY FISHER**

4/15/98 (407) 860-5303

Date

Daytime Phone # **0013567**

CR2E037 (10/97)