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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000005193

1. Corporation Name

DELTONA SPRING FEST, INC.

Principal Place of Business

P.O. BOX 5724
DELTONA FL 32728-5724

Mailing Address

P.O. BOX 5724
DELTONA FL 32728-5724



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

09/12/1997

4. FEI Number

59-3456743

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

FISHER, PEGGY
900 YELLOWBIRD AVENUE
DELTONA FL 32725

10. Name and Address of New Registered Agent

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

TITLE VD ☐ DELETE

NAME RUNGE, KEN
STREET ADDRESS 1974 E COOPER DR
CITY-ST-ZIP DELTONA FL 32725

TITLE VP ☒ DELETE

NAME SULLIVAN, JOE
STREET ADDRESS 1780 CONCERT ROAD
CITY-ST-ZIP DELTONA FL 32725

TITLE DP ☐ DELETE

NAME FISHER, PEGGY
STREET ADDRESS 900 YELLOWBIRD AVE
CITY-ST-ZIP DELTONA FL 32725

TITLE V ☐ DELETE

NAME HARRIS, RANDOLPH
STREET ADDRESS 3370 GEORGE SAULS STREET
CITY-ST-ZIP DELTONA FL 32738

TITLE S ☐ DELETE

NAME WILLEY, BARBARA
STREET ADDRESS 1407 SECTION LINE TRAIL
CITY-ST-ZIP DELTONA FL 32725

TITLE TD ☐ DELETE

NAME PEARCE, LESLIE
STREET ADDRESS 2015 N NEMO DRIVE
CITY-ST-ZIP DELTONA FL 32725

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2EN37 (1/98)