

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005193

FILED
Jan 14, 2009
Secretary of State

Entity Name: DELTONA SPRING FEST, INC.

Current Principal Place of Business:

P.O. BOX 5724
DELTONA, FL 327285724

New Principal Place of Business:

900 YELLOWBIRD AVE.
DELTONA, FL 327285724

Current Mailing Address:

P.O. BOX 5724
DELTONA, FL 327285724

New Mailing Address:

FEI Number: 59-3456743 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FISHER, PEGGY
900 YELLOWBIRD AVE.
DELTONA, FL 32725 US

Name and Address of New Registered Agent:

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: TD () Delete
Name: FISHER, PEGGY
Address: 900 YELLOWBIRD AVE.
City-St-Zip: DELTONA, FL 32725

Title: PD () Delete
Name: TAGGART, Nanci
Address: 3141 NEWMARK DR
City-St-Zip: DELTONA, FL 32738

Title: D () Delete
Name: LAFARO, MARY ANN
Address: 2966 DERBY DRIVE
City-St-Zip: DELTONA, FL 32738

Title: SD () Delete
Name: WILLEY, BARBARA
Address: 1407 SECTION LINE TRAIL
City-St-Zip: DELTONA, FL 32725

Title: VD () Delete
Name: MCKNIGHT, DAVID
Address: 2910 NEWMARK DRIVE
City-St-Zip: DELTONA, FL 32738

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MCKNIGHT, NATASHA
Address: 2910 NEWMARK DR
City-St-Zip: DELTONA, FL 32738

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: MCKNIGHT, DAVID
Address: 2910 NEWMARK DRIVE
City-St-Zip: DELTONA, FL 32738

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: PEGGY FISHER

TREA

01/14/2009

Electronic Signature of Signing Officer or Director

Date