

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003814

FILED
Mar 12, 2009
Secretary of State

Entity Name: STREET PAINTING FESTIVAL, INC.

Current Principal Place of Business:

501 LAKE AVE
LAKE WORTH, FL 33460

New Principal Place of Business:

Current Mailing Address:

PO BOX 1393
LAKE WORTH, FL 33460

New Mailing Address:

501 LAKE AVE
LAKE WORTH, FL 33460

FEI Number: 65-0930848

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEBBER, MARYANNE
711 LUCERNE AVE.
LAKE WORTH, FL 33460 US

Name and Address of New Registered Agent:

RAMICCIO, TOM
501 LAKE AVENUE.
LAKE WORTH, FL 33460 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: TOM RAMICCIO

03/12/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WEBBER, MARYANNE
Address: 327 N LAKESIDE DR
City-St-Zip: LAKE WORTH, FL 33460

Title: VD () Delete
Name: RAMICCIO, THOMAS
Address: 1717 N L ST
City-St-Zip: LAKE WORTH, FL 33460

Title: TD () Delete
Name: WEBBER, BRUCE R
Address: 327 N LAKESIDE DR
City-St-Zip: LAKE WORTH, FL 33460

Title: SD () Delete
Name: ALLEN, ERIN E
Address: 208 S LAKESIDE DR # 513
City-St-Zip: LAKE WORTH, FL 33460

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:

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: TOM RAMICICO

PRES

03/12/2009

Electronic Signature of Signing Officer or Director

Date