## 2006 FOR PROFIT CORPORATION

## Jan 17, 2006 8:00 am **ANNUAL REPORT Secretary of State DOCUMENT # P99000086622** 1. Entity Name 01-17-2006 90267 027 \*\*\*150.00 FRANK BROWN INTERNATIONAL SONGWRITERS' FESTIVAL OF FLORIDA, INC. Principal Place of Business Mailing Address 17401 PERDIDO KEY BEACH ROAD 17401 PERDIDO KEY BEACH ROAD PENSACOLA, FL 32507 PENSACOLA, FL 32507 2. Principal Place of Business 3. Mailing Address 5060 Shophonce Drive 16296 Perdido Key Drive Suite, Apt. #, etc. 01102006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For Pensacola, Fi Pensacola, FL 59-3610735 Not Applicable Country U.S Country \$8.75 Additional 5. Certificate of Status Desired U.S. 32507 32507 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KIEVIT KELLY & ODOM PA Street Address (P.O. Box Number is Not Acceptable) 15 W MAIN STREET PENSACOLA, FL 32501 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title it applicable. DATE (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ППЕ Change ☐ Addition ☐ Delete GILCHRIST, JOSEPH R NAME 16296 Padido KeyDrive 17401 PERDIDO KEY BEACH ROAD STREET ADORESS STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32507 CITY-ST-ZIP Pensacola, FL. 32507 BILE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7tP TITLE TILE ☐ Delete ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-74P TITLE TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete IIILE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Delete TILE Change ■ Addition NAME NAME

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the regeiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an adverse point as other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR

STREET ADDRESS

CITY-ST-ZIP

Joseph R.Gilchrist Jan. 10,2006

850-492-7601

FILED