

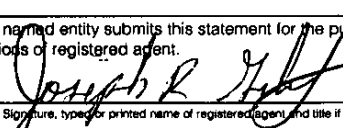
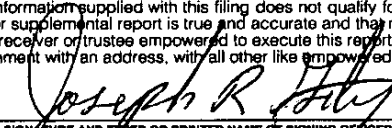


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2007 8:00 am**  
**Secretary of State**

01-24-2007 90045 015 \*\*\*150.00

<b>DOCUMENT # P99000086622</b> 1. Entity Name <b>FRANK BROWN INTERNATIONAL SONGWRITERS' FESTIVAL OF FLORIDA, INC.</b>					
Principal Place of Business <b>5060 SHOSHONEE DR. PENSACOLA, FL 32507</b>			Mailing Address <b>16296 PERDIDO KEY DR PENSACOLA, FL 32507</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		01152007      Chg-P      CR2E034 (12/06)	
4. FEI Number <b>59-3610735</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KIEVIT KELLY &amp; ODOM PA 15 W MAIN STREET PENSACOLA, FL 32501</b>			7. Name and Address of New Registered Agent Name <b>Joseph Gilchrist</b> Street Address (P.O. Box Number is Not Acceptable) <b>16296 Perdido Key Drive</b> City <b>Pensacola</b> <b>FL</b> Zip Code <b>32507</b>		
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 Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  <b>Joseph Gilchrist (President)</b> 11/7/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>GILCHRIST, JOSEPH R 16296 PERDIDO KEY DR. PENSACOLA, FL 32507</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			11/15/07      850-492-7601 <small>Date      Daytime Phone #</small>		