2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2018
Secretary of State
CC0739654635

DOCUMENT# N05000004016

Entity Name: FESTIVAL OF THE ARTS COMMITTEE, INC.

Current Principal Place of Business:

C/O CITY OF INVERNESS
212 WEST MAIN ST.
INVERNESS, FL 34450

Current Mailing Address:

P.O. BOX 2383
INVERNESS, FL 34451 US

FEI Number: 20-2941579

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILLIAMS, JUDY
4 COSMOS CT E
HOMOSASSA, FL 34451 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: JUDY WILLIAMS 01/30/2018

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	SECRETARY
Name	DAVIS, SHARON
Address	1989 N. ROSEHUE PATH
City-State-Zip:	HERNANDO FL 34442

Title	TREASURER
Name	SHORT, CATHY
Address	1846 S. MOONBEAM WAY
City-State-Zip:	INVERNESS FL 34450

Title	DIRECTOR
Name	VERMILYA, JAN
Address	15 MAYTEN CIRCLE
City-State-Zip:	HOMOSASSA FL 34446

Title	CHAIRMAN
Name	WILLIAMS, JUDY
Address	4 COSMOS CT. E.
City-State-Zip:	HOMOSASSA FL 34446

Title	DIRECTOR
Name	MURRAY, CHARLENE
Address	23 BUMELIA CT
City-State-Zip:	HOMOSASSA FL 34446

Title	DIRECTOR
Name	PHILLIPS, CONNIE
Address	6224 W. CANNONDALE DR
City-State-Zip:	CRYSTAL RIVER FL 34429

Title	DIRECTOR
Name	SHIELDS, KIM R
Address	4161 S WILLIAM AVE
City-State-Zip:	INVERNESS FL 34450

I hereby 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 all other like empowered.

SIGNATURE: JUDY WILLIAMS CHAIRMAN 01/30/2018

Electronic Signature of Signing Officer/Director Detail — Date