2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007722

Entity Name: SEBASTIAN RIVERFRONT FINE ARTS AND MUSIC FESTIVAL,

INC.

FILED
Jan 10, 2015
Secretary of State
CC8895237940

Current Principal Place of Business:

1125 US HIGHWAY 1, SUITE B SEBASTIAN, FL 32958

Current Mailing Address:

1125 US HIGHWAY 1, SUITE B SEBASTIAN, FL 32958

FEI Number: 26-0786847 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROBINSON, LISANNE 1125 US HIGHWAY 1, SUITE B SEBASTIAN, FL 32958 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title PRESIDENT Title SECRETARY/TREASURER

NameJOHNSON, ROBERTNameKEYS, DONNA AAddress741 S. EASY STREETAddress725 LAYPORT DRIVECity-State-Zip:SEBASTIAN FL 32958City-State-Zip:SEBASTIAN FL 32958

Title VP Title DIRECTOR

NameKAUTENBURG, LOUISENameFELDNER, MARKAddress973 OSWEGA AVEAddress14470 99TH ST.

City-State-Zip: SEBASTIAN FL 32958 City-State-Zip: FELLSMERE FL 32948

Title DIRECTOR Title DIRECTOR

Name GELLER, VICTORIA Name MAERTZ, DEBRA

Address 4 SUNSET DRIVE Address 13275 N. INDIAN RIVER DR

City-State-Zip: SEBASTIAN FL 32958 City-State-Zip: SEBASTIAN FL 32958

Title DIRECTOR Title DIRECTOR

 Name
 O'CONNOR, RICHARD
 Name
 ROBINSON, RICHARD

 Address
 4 SUNSET DRIVE
 Address
 1125 US HIGHWAY 1

City-State-Zip: SEBASTIAN FL 32958 City-State-Zip: SEBASTIAN FL 32958

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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: DONNA A. KEYS

SECRETARY/TREASURER 01/10/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR

NameSALMON, BARBARAAddress836 MULBERRY ST.City-State-Zip:SEBASTIAN FL 32958