

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000003814

**FILED**  
**Apr 22, 2020**  
**Secretary of State**  
**1714721341CC**

**Entity Name:** STREET PAINTING FESTIVAL, INC.

**Current Principal Place of Business:**

501 LAKE AVENUE  
P.O. BOX 1393  
LAKE WORTH BEACH, FL 33460

**Current Mailing Address:**

P.O. BOX 1393  
LAKE WORTH BEACH, FL 33460 US

**FEI Number: 65-0930848**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

WEBBER, MARYANNE  
5592 FOUNTAINS DR S  
LAKE WORTH, FL 33467 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 PD  
Name WEBBER, MARYANNE  
Address 5592 FOUNTAINS DRIVE S  
City-State-Zip: LAKE WORTH FL 33467

Title VD  
Name ALLEN, ERIN  
Address 208 SOUTH LAKESIDE DRIVE #513  
City-State-Zip: LAKE WORTH BEACH FL 33460

Title TD  
Name ALLEN, ERIN  
Address 208 SOUTH LAKESIDE DRIVE #513  
City-State-Zip: LAKE WORTH FL 33460

Title SD  
Name RUDY, CONNIE  
Address 1680 WALDEN  
City-State-Zip: WEST PALM BEACH FL 33406

Title DIRECTOR  
Name WEBBER, BRUCE ROBERT  
Address 5592 FOUNTAINS DRIVE S  
City-State-Zip: LAKE WORTH FL 33467

*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: MARYANNE WEBBER**

**PRESIDENT**

**04/22/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date