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Jan 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 736600 (8)

1. Corporation Name
IMAGES, A FESTIVAL OF THE ARTS, INC.



Principal Place of Business Mailing Address
P O BOX 1585 NEW SMYRNA BEACH FL 32170-8585 P O BOX 1585 NEW SMYRNA BEACH FL 32170-1585

3. Date Incorporated or Qualified 08/16/1976 3a. Date of Last Report 02/15/1996

2. Principal Place of Business 21 2a. Mailing Address 26
Suite, Apt. #, etc. 22 27
City & State 23 28
Zip Country 24 25 29 30
4. FEI Number 59-1681328 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
MUSSON, JUNE M.
413 QUAY ASSISI
NEW SMYRNA BEACH FL 32169
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD MUSSON, JUNE 413 QUAY ASSISI NEW SMYRNA BEACH FL	1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	D LACY, MARLENE 817 13TH AVENUE NEW SMYRNA BEACH FL	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	SD HARVEY, JOAN 315 ESTHER AVENUE NEW SMYRNA BEACH FL	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	TD MCELROY, JANICE 321 MIDDLEWAY NEW SMYRNA BCH, FL 00000	4.1 TITLE	TO
NAME		4.2 NAME	SANDY Miller
STREET ADDRESS		4.3 STREET ADDRESS	311 Live Oak St.
CITY - ST - ZIP		4.4 CITY - ST - ZIP	New Smyrna Bch, FL 32168
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sandra S. Miller* Sandra S. Miller 1/14/97 (904) 428-2922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 0003260

CR2E037 (9/96)