

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 02, 2004
Secretary of State**

DOCUMENT# 736600

Entity Name: IMAGES, A FESTIVAL OF THE ARTS, INC.

Current Principal Place of Business:

P O BOX 1585
NEW SMYRNA BEACH, FL 321708585

New Principal Place of Business:

Current Mailing Address:

P O BOX 1585
NEW SMYRNA BEACH, FL 321708585

New Mailing Address:

FEI Number: 59-1681328 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARIA K. HETZEL
105 VIA BENEVENTO
NEW SMYRNA BEACH, FL 32169 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: ED () Delete
Name: HETZEL, MARIA
Address: 105 VIA BENEVENTO
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: PD () Delete
Name: MUSSON, JUNE M
Address: 1793 TAYLOR ROAD
City-St-Zip: PORT ORANGE, FL 32128

Title: SD () Delete
Name: HARVEY, JOAN
Address: 315 ESTHER AVENUE
City-St-Zip: NEW SMYRNA BEACH, FL

Title: TD () Delete
Name: GRIMES, MARTHA B
Address: 500 S. RIVERSIDE DRIVE
City-St-Zip: EDGEWATER, FL 32132

Title: VPD () Delete
Name: MCELROY, JANICE
Address: 1731 HIDEAWAY FOREST TRAIL
City-St-Zip: NEW SMYRNA BEACH, FL 32168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARTHA GRIMES

TD

05/02/2004

Electronic Signature of Signing Officer or Director

Date