

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736600

FILED
May 05, 2005
Secretary of State

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:

214 S RIVERSIDE DRIVE
NEW SMYRNA BEACH, FL 32168

Current Mailing Address:

P O BOX 1585
NEW SMYRNA BEACH, FL 321708585

New Mailing Address:

214 S RIVERSIDE DRIVE
NEW SMYRNA BEACH, FL 32168

FEI Number: 59-1681328 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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:

RICK KOLODINSKY
707 E 3RD AVENUE
NEW SMYRNA BEACH, FL 32169 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: RICK KOLODINSKY

05/05/2005

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: ED (X) Change () Addition
Name: BRADY, ANN
Address: 511 BALL STREET
City-St-Zip: NEW SMYRNA BEACH, FL 31268

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

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

Title: TD (X) Change () Addition
Name: RHODES, MARY B
Address: 40 LAKE WALDEN TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

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: MARY RHODES

TD

05/05/2005

Electronic Signature of Signing Officer or Director

Date