

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
05 JUL 31 PM 12: 50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 751233 (8)
1. Corporation Name
ATLANTIC CENTER FOR THE ARTS, INC.

Principal Place of Business Mailing Address
1414 ART CENTER AVENUE NEW SMYRNA BEACH FL 32168

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/25/1980** 3a. Date of Last Report **04/18/1994**
4. FEI Number **59-1998321** 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**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **FILING FEE IS \$61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip Country 28. Zip Country
24. Zip Country 29. Zip Country 30. Zip Country

9. Name and Address of Current Registered Agent
**KOLODINSKY, RICK
1055 N DIXIE FREEWAY
NEW SMYRNA BEACH FL 32168**

10. Name and Address of New Registered Agent
81 Name **SARAH HAGUE WHITE**
82 Street Address (P.O. Box Number is Not Acceptable) **760 WHITE STREET**
83
84 City **DAYTONA BEACH FL** 85 Zip Code **32115**

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: **SARAH HAGUE WHITE, EXECUTIVE VICE-CHAIR** *Sarah Hague White* DATE: **6/15/95**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	DC
NAME	OWENS JR, J SAM
STREET ADDRESS	125 N RIDGWOOD
CITY - ST - ZIP	DAYTONA BEACH FL
TITLE	DVC
NAME	PUGH, JAMES
STREET ADDRESS	359 CAROLINA AVE
CITY - ST - ZIP	WINTER PARK FL
TITLE	DVC
NAME	FREY, MARCIA
STREET ADDRESS	139 GENIUS DR
CITY - ST - ZIP	WINTER PARK FL
TITLE	T
NAME	HARRIS, EDWARD
STREET ADDRESS	1108 UNKSID CT
CITY - ST - ZIP	AOPKA FL
TITLE	S
NAME	HAGSTROM, LORNA JEAN
STREET ADDRESS	921 S HILL ST
CITY - ST - ZIP	DELAND FL
TITLE	D
NAME	FETSCHER, SUZANNE
STREET ADDRESS	72 CLUBHOUSE DR
CITY - ST - ZIP	NEW SMYRNA BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FREY, MARCIA	
1.3 STREET ADDRESS	139 GENIUS DR	
1.4 CITY - ST - ZIP	WINTER PARK FL 32789	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	DVC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WHITE, SARAH HAGUE	
3.3 STREET ADDRESS	760 WHITE STREET	
3.4 CITY - ST - ZIP	DAYTONA BEACH FL 32115	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	NOLAN, WILLIAM	
5.3 STREET ADDRESS	2121 CAMDEN ROAD	
5.4 CITY - ST - ZIP	ORLANDO FL 32803	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: *Suzanne Fettscher* DATE: **7/26/95** NUMBER: **904-427-6975**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (3/95)