

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**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**

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NEW SMYRNA BEACH FL 32168**

3. Date Incorporated or Qualified <b>02/25/1980</b>	3a. Date of Last Report <b>07/31/1995</b>
4. FEI Number <b>59-1998321</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

**9. Name and Address of Current Registered Agent**

**WHITE, SARAH HAGUE  
780 WHITE ST  
DAYTONA BEACH FL 32115**

**10. Name and Address of New Registered Agent**

<b>81</b> Name	<b>DAVID MONACO</b>
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	<b>136 RIVER BLUFF DRIVE</b>
<b>83</b>	
<b>84</b> City	<b>ORMOND BEACH</b>
<b>85</b> State	<b>FL</b>
Zip Code	<b>32174</b>

11. Pursuant to the provisions of Sections 617.0503 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: *[Signature]* **6-5-96**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>DC</b>	<input type="checkbox"/> DELETE
NAME	<b>FREY, MARCIA</b>	
STREET ADDRESS	<b>139 GENIUS DR</b>	
CITY-ST-ZIP	<b>WINTER PARK FL</b>	
TITLE	<b>DVC</b>	<input type="checkbox"/> DELETE
NAME	<b>PUGH, JAMES</b>	
STREET ADDRESS	<b>359 CAROLINA AVE</b>	
CITY-ST-ZIP	<b>WINTER PARK FL</b>	
TITLE	<b>DVC</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WHITE, SARAH HAGUE</b>	
STREET ADDRESS	<b>780 WHITE ST</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>HARRIS, EDWARD</b>	
STREET ADDRESS	<b>1108 LINKSIDE CT</b>	
CITY-ST-ZIP	<b>APOPKA FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>NOLAN, WILLIAM</b>	
STREET ADDRESS	<b>2121 CAMDEN RD</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>FETSCHER, SUZANNE</b>	
STREET ADDRESS	<b>72 CLUBHOUSE DR</b>	
CITY-ST-ZIP	<b>NEW SMYRNA BEACH FL</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>S HELENE ROBERSON</b>
5.3 STREET ADDRESS	<b>1121 N HALIFAX</b>
5.4 CITY-ST-ZIP	<b>DAYTONA BEACH FL 32118</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(k), 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: *[Signature]* **4/29/96** **704-427-6975**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)