

FILE NOW: FILING FEE IS \$61.25

FILED

Jul 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 751233 (8)
1. Corporation Name
ATLANTIC CENTER FOR THE ARTS, INC.



Principal Place of Business 1414 ART CENTER AVENUE NEW SMYRNA BEACH FL 32168	Mailing Address 1414 ART CENTER AVENUE NEW SMYRNA BEACH FL 32168
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3. Date Incorporated or Qualified 02/25/1980	
4. FEI Number 59-1998321	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent DAVID MONACO 136 RIVER BLUFF DR. ORMOND BEACH FL 32115	10. Name and Address of New Registered Agent 81. Name Richard Kolodinsky 82. Street Address (P.O. Box Number is Not Acceptable) 707 E. Third Avenue 83. 84. City New Smyrna Beach FL 85. Zip Code 32169
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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 *[Signature]* DATE _____

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUGH, JAMES	1.2 NAME	
STREET ADDRESS	359 CAROLINA AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	1.4 CITY-ST-ZIP	
TITLE	DVC <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAMER, MICHELINE	2.2 NAME	
STREET ADDRESS	851 GEORGIA AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	2.4 CITY-ST-ZIP	
TITLE	DVC <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAPPAS, GEORGE	3.2 NAME	Lorna Jean Hagstrom
STREET ADDRESS	120 LAUREL VALLEY CT	3.3 STREET ADDRESS	921 S. Hill Avenue
CITY-ST-ZIP	DAYTONA BEACH FL	3.4 CITY-ST-ZIP	DeLand, FL 32720
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, EDWARD	4.2 NAME	
STREET ADDRESS	1108 LINKSIDE CT	4.3 STREET ADDRESS	2801 N. Peninsula Avenue, #408
CITY-ST-ZIP	APOPKA FL	4.4 CITY-ST-ZIP	New Smyrna Beach, FL 32169
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMM, G ELIZABETH M	5.2 NAME	
STREET ADDRESS	2675 MIDDLESEX RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FETSCHER, SUZANNE	6.2 NAME	
STREET ADDRESS	72 CLUBHOUSE DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	6.4 CITY-ST-ZIP	

14. I 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: *[Signature]* **July 2, 1998**

CP2E037 (10/97)