

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 751233

FILED
Jan 09, 2008
Secretary of State

Entity Name: ATLANTIC CENTER FOR THE ARTS, INC.

Current Principal Place of Business:

1414 ART CENTER AVENUE
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

Current Mailing Address:

1414 ART CENTER AVENUE
NEW SMYRNA BEACH, FL 32168

New Mailing Address:

FEI Number: 59-1998321 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

PRESTON, WILLIAM
143 CANAL STREET
NEW SMYRNA BEACH, FL 32168 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: WILLIAM PRESTON

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PABST, MARGERY
Address: 321 READING WAY
City-St-Zip: WINTER PARK, FL 32789

Title: VP () Delete
Name: SMITH, KYLE
Address: 255 S ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32801

Title: S () Delete
Name: EVERBACH, CHARLOTTE
Address: 102 S INTERLACHEN AVE, #506
City-St-Zip: WINTER PARK, FL 32789

Title: T () Delete
Name: LEERDAM, AC ED
Address: 1327 ALBERTA DRIVE
City-St-Zip: WINTER PARK, FL 32789

Title: VP () Delete
Name: PRESTON, WILLIAM
Address: 143 CANAL STREET
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: ED () Delete
Name: BRADY, ANN
Address: 511 BALL STREET
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: T (X) Change () Addition
Name: TALLENT, WILLIAM
Address: 1374 BRISTOL PARK PLACE
City-St-Zip: HEATHROW, FL 32746

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 exemption stated in Chapter 119, 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: ANN BRADY

Electronic Signature of Signing Officer or Director

ED

01/09/2008

Date