

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751233

FILED  
Apr 13, 2011  
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 ( )

**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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: MR.  
Name: IGOU, STEVEN W  
Address: 545 DELANEY AVENUE SUITE 5  
City-St-Zip: ORLANDO, FL 32801

Title: MR.  
Name: FROST, JAMES T  
Address: 1414 ART CENTER AVENUE  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: MS.  
Name: NORMAN, NANCY L  
Address: 1414 ART CENTER AVENUE  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

I hereby 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 all other like empowered.

SIGNATURE: JIM FROST

MR.

04/13/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date