FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(8)

Jul 16 1998 8:00am						
Secretary of State						

EII ED

ATLANTIC CENTER FOR THE ARTS, INC.						
Principal Plac	e of Business	Mailing Address		1 188311 1880 1 B11\$1 11010 1100 11100 11100		
1414 ART CENTER AVENUE 1414 ART CENTER AVENUE NEW SMYRNA BEACH FL 32168 NEW SMYRNA BEACH FL 3			168	Date Incorporated or Qualified 02/25/1980 FEI Number	Applied For	
				59-1998321	Not Applicable	
2. Principal Place of Business 2a. Mailing Address				5. Certificate of Status Desired	\$8.75 Additional	
26 Suite, Apt. #, etc. Suite, Apt. #, etc.				6. Election Campaign Financing	Fee Required \$5.00 May Be	
22 27				Trust Fund Contribution	Added to Fees	
<u>├</u> ~, '		City & State		7. Is this nonprofit corporation a ho	meown ers association? Yes 🔲 No	
Zip	Country	Zip	Country	8. This corporation owes or has pa		
24	25		0	Personal Property Tax due June		
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Re	gistered Agent	
81 Name				ichard Kolodinsky		
DAVID MONACO			82 Street A	ichard Kolodinsky ddress (P.O. Box Number is Not Acceptab) 7 E. Third Avenue	le)	
	ER BLUFF DR.		83	77 E. Third Avenue		
OKMON	D BEACH FL 32115					
			B4 City N	ew Smyrna Beach	FL 85 Zip Code 32169	
11. Pursuant to the provision 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. I hereby accept the appointment as registered agent. I am familiar will, and adopt the obligations of, Section 617.0503, Florida Statutes.						
SIGNATURE	X / W					
	Signature, typed or printed name of registered an		Registered Agent signature (DATE	
12.	DC OFFICERS AN	ID DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFIC	Change Addition	
NAME	PUGH, JAMES	- Decemb	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	☐ DELETE	2.1 TALE		☐ Change ☐ Addition	
NAME	KRAMER, MICHELINE		2.2 NAME			
STREET ADDRESS	1851 GEORGIA AVE		2.3 STREET ADDRESS			
CITY-ST-ZIP	WINTER PARK FL	XX DELETE	2. 4 CiTY-ST-ZiP	DVC (Case)	Change XX Addition	
TITLE NAME	DVC Pappas, George	VV nereis	3.1 TITLE 3.2 NAME	Lorna Jean Hagstrom	Change XX Addition	
STREET ADORESS	-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	1	☐ DELETE	4,1 TITLE		(Change Addition	
NAME	HARRIS, EDWARD		4. 2 NAME		W	
STREET ADDRESS	1108 LINKSIDE CT		4.3 STREET ADDRESS	2801 N. Peninsula Aver		
CITY-ST-ZIP	APOPKA FL	- Drugge	4.4 CITY-ST-ZIP	New Smyrna Beach, FL	32169	
TITLE	S CANNA C ELIZADETU U	☐ DELETE	5.1 TITLE		Change Addition	
NAME	CAMM, G ELIZABETH M		5.2 NAME			
STREET ADDRESS	2675 MIDDLESEX RD ORLANDO FL		5.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	D CHUNDU FL	☐ DELETE	5.4 CITY-ST-ZIP 61 TITLE		Change Addition	
NAME	FETSCHER, SUZANNE		62 NAME			
STREET ADDRESS	72 CLUBHOUSE DR		6.3 STREET ADDRESS			
CITY. QT. 7IP	NEW SMYRNA REACH FI		6.4 CITY - ST. 7ip			

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: