

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90028 008 ****61.25

DOCUMENT # 736600

1. Entity Name

IMAGES, A FESTIVAL OF THE ARTS, INC.

Principal Place of Business

**P O BOX 1585
NEW SMYRNA BEACH FL 32170-8585**

Mailing Address

**P O BOX 1585
NEW SMYRNA BEACH FL 32170-8585**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1681328

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MUSSON, JUNE M
413 QUAY ASSISI
NEW SMYRNA BEACH FL 32169**

Name

ROSS, Martha C.

Street Address (P.O. Box Number is Not Acceptable)

1710 S. Atlantic Ave.

New Smyrna Bch, FL

City

FL

Zip Code

32169

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MUSSON, JUNE	
STREET ADDRESS	413 QUAY ASSISI	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LACY, MARLENE	
STREET ADDRESS	817 13TH AVENUE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HARVEY, JOAN	
STREET ADDRESS	315 ESTHER AVENUE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ROSS, MARTHA C.	
STREET ADDRESS	1710 S. Atlantic Ave	
CITY-ST-ZIP	New Smyrna Beach, FL 32169	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSS, MARTHA C.	
STREET ADDRESS	1710 S. Atlantic Ave.	
CITY-ST-ZIP	New Smyrna Beach, FL 32169	
TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DREW, Mary F.	
STREET ADDRESS	2310 Sabal Palm Dr.	
CITY-ST-ZIP	Edgewater, FL 32141	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRIMES, Martha B.	
STREET ADDRESS	500 S. Riverside Dr.	
CITY-ST-ZIP	Edgewater, FL 32132	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McELROY, Janice	
STREET ADDRESS	1731 Hideaway Forest Trail	
CITY-ST-ZIP	New Smyrna Bch, FL 32168	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: M. GRIMES **REQUIRE** THA B. Grimes 1-30-02 (386) 123-4733

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)