

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751233

FILED
Sep 08, 2010
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)

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: P
Name: MCGINNIS, DOUGLAS J
Address: P.O. BOX 8
City-St-Zip: EDGEWATER, FL 32132

Title: VP
Name: IGOU, WOODY S
Address: 545 DELANEY AVENUE, SUITE 5
City-St-Zip: ORLANDO, FL 32801 38

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

Title: T
Name: TALLENT, WILLIAM
Address: 1374 BRISTOL PARK PLACE
City-St-Zip: HEATHROW, FL 32746

Title: VP
Name: PENDERGAST, GERARD J
Address: 5900 SOUTH ATLANTIC AVENUE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: ED
Name: BRADY, ANN
Address: 511 BALL STREET
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: ANN BRADY

ED

09/08/2010

Electronic Signature of Signing Officer or Director

Date