

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 736600

**Entity Name:** IMAGES, A FESTIVAL OF THE ARTS, INC.**Current Principal Place of Business:**1414 ART CENTER AVENUE  
NEW SMYRNA BEACH, FL 32168**Current Mailing Address:**1414 ART CENTER AVENUE  
NEW SMYRNA BEACH, FL 32168**FEI Number:** 59-1681328**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PRESTON, WILLIAM  
143 CANAL STREET  
NEW SMYRNA BEACH, FL 32168 US*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**Officer/Director Detail :**

Title CO-EXECUTIVE DIRECTOR  
Name FROST, JAMES T  
Address 1414 ART CENTER AVENUE  
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title CO-EXECUTIVE DIRECTOR  
Name LOWDEN NORMAN, NANCY  
Address 1414 ART CENTER AVENUE  
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title CERTIFIED PUBLIC ACCOUNTANT,  
CFO  
Name MILLER, KEVIN M  
Address 1610 HURON TRAIL  
City-State-Zip: MAITLAND FL 32751

Title TREASURER  
Name HESTER, ROY  
Address 1414 ART CENTER AVENUE  
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title CHAIRMAN  
Name RAFFA, FRED  
Address 45 EASTWIND LANE  
City-State-Zip: MAITLAND FL 32751

*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:** KEVIN MILLER

CFO

01/29/2016

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date