

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751233

Entity Name: ATLANTIC CENTER FOR 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: 59-1998321

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PRESTON, WILLIAM
605 S ORANGE ST
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 KEVIN, MILLER
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

Title SECRETARY
Name APPLETON, PATRICIA
Address 1216 COMMODORE DRIVE
City-State-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: KEVIN MILLER

CFO

01/18/2017

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date