

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751233

FILED
Jan 29, 2016
Secretary of State
CC8150665078

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
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 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

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