I hereby certify that the information indicated on this report or supplemental report is true and acc oath; that I am an officer or director of the corporation or the receiver or trustee empowered to ex above, or on an attachment with all other like empowered.		
SIGNATURE: JAMES FROST	CO-	01/10/2013

SIGNATURE: JAMES FROST

Electronic Signature of Signing Officer/Director Detail

Title MR. Name FROST, JAMES T Address City-State-Zip:

NEW SMYRNA BEACH, FL 32168 US

Electronic Signature of 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:

Officer/Director Detail :

Title MR. PENDERGAST, GERARD Name 5900 SOUTH ATLANTIC AVENUE 1414 ART CENTER AVENUE Address City-State-Zip: NEW SMYRNA BEACH FL 32169 NEW SMYRNA BEACH FL 32168 Title MS. Name LOWDEN NORMAN, NANCY Address 1414 ART CENTER AVENUE City-State-Zip: NEW SMYRNA BEACH FL 32168

Certificate of Status Desired: No

FILED Jan 10, 2013 Secretary of State CC9433692455

2013 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

Name and Address of Current Registered Agent:

PRESTON, WILLIAM 143 CANAL STREET

Date

Date

01/10/2013 DIRECTOR/RESIDENCY