

2019 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	LOWDEN NORMAN, NANCY
Address	1414 ART CENTER AVENUE
City-State-Zip:	NEW SMYRNA BEACH FL 32168

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

Title	CHAIRMAN
Name	BECKWITH, MARK
Address	1208 SOUTH RIVERSIDE DRIVE
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	SECRETARY
Name	APPLETON, PATRICIA
Address	1216 COMMODORE DRIVE
City-State-Zip:	NEW SMYRNA BEACH FL 32168

Title	TREASURER
Name	TEAGUE, ABBIE
Address	220 SOUTH RIDGEWOOD AVENUE
City-State-Zip:	DAYTONA BEACH FL 32114

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

02/06/2019

Electronic Signature of Signing Officer/Director Detail_____
Date