

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000004993

Entity Name: ORMOND BEACH ARTS DISTRICT, INC.**Current Principal Place of Business:**44A W GRANADA BLVD
ORMOND BEACH, FL 32174**Current Mailing Address:**PO BOX 2917
ORMOND BEACH, FL 32175 US**FEI Number: 81-1241988****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TRUILO, JULIA
44A W GRANADA BLVD
ORMOND BEACH, FL 32174 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 PRESIDENT, DIRECTOR
Name STEIN, JUDITH
Address PO BOX 2917
City-State-Zip: ORMOND BEACH FL 32175

Title DIRECTOR, SECRETARY
Name PARKER, BECKY
Address PO BOX 2917
City-State-Zip: ORMOND BEACH FL 32175

Title DIRECTOR
Name LIEBERMAN, THERESA
Address PO BOX 2917
City-State-Zip: ORMOND BEACH FL 32175

Title DIRECTOR
Name UPCHURCH, RYAN
Address PO BOX 2917
City-State-Zip: ORMOND BEACH FL 32175

Title DIRECTOR, TREASURER
Name VESCOVI, LIBBY
Address PO BOX 2917
City-State-Zip: ORMOND BEACH 32175

Title DIRECTOR
Name GRANT, GREGORY GRAHAM
Address PO BOX 2917
City-State-Zip: ORMOND BEACH FL 32175

Title DIRECTOR
Name TILLARD, ELAINE
Address PO BOX 2917
City-State-Zip: ORMOND BEACH FL 32175

Title DIRECTOR
Name JACKMAN, LUCY
Address PO BOX 2917
City-State-Zip: ORMOND BEACH FL 32175

Continues on page 2

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: JULIA TRUILO**AUTHORIZED
REPRESENTATIVE****01/26/2021**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name WRIGHT-GIBSON, GERI
Address PO BOX 2917
City-State-Zip: ORMOND BEACH FL 32175

Title AUTHORIZED REPRESENTATIVE
Name TRUILO, JULIA
Address 44A W GRANADA BLVD
City-State-Zip: ORMOND BEACH FL 32174

Title DIRECTOR
Name JONES, VICTORIA
Address PO BOX 2917
City-State-Zip: ORMOND BEACH FL 32175