

2023 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 DIRECTOR
Name STEIN, JUDITH
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 PRESIDENT, DIRECTOR
Name PARKER, REBECCA
Address PO BOX 2917
City-State-Zip: ORMOND BEACH FL 32175

Title VP, DIRECTOR
Name LIEBERMAN, THERESA
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

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

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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 DAVIDSON TRUILO

**AUTHORIZED
REPRESENTATIVE**

01/19/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name MASON-TEAGUE, STEPHANIE
Address PO BOX 2917
City-State-Zip: ORMOND BEACH FL 32175