

2018 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	SECRETARY
Name	COOPER, RICHARD
Address	PO BOX 2917
City-State-Zip:	ORMOND BEACH FL 32175

Title	VP
Name	MACDONALD, THOMAS
Address	PO BOX 2917
City-State-Zip:	ORMOND BEACH 32175

Title	PRESIDENT
Name	STEIN, JUDITH
Address	PO BOX 2917
City-State-Zip:	ORMOND BEACH 32175

Title	TREASURER
Name	SLICK, MICHAEL
Address	PO BOX 2917
City-State-Zip:	ORMOND BEACH FL 32175

Title	DIRECTOR
Name	TRUILO, JULIA
Address	PO BOX 2917
City-State-Zip:	ORMOND BEACH 32175

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**DIRECTOR****01/16/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date