

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 08:00 A
Secretary of State

DOCUMENT # 701312
 1. Entity Name
THE ART LEAGUE OF DAYTONA BEACH, INC.



Principal Place of Business Mailing Address
433 S PALMETTO AVE **433 S PALMETTO AVE**
DAYTONA BEACH, FL 32114 **DAYTONA BEACH, FL 32114**

DO NOT WRITE IN THIS SPACE



03252007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-6138934	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
KRZYZOWSKI, CONNIE
ART LEAGUE OF DAYTONA BCH
435 S PALMETTO AVE
DAYTONA BEACH, FL 32114

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and filer (applicant), (NOTE: Registered Agent's signature required when substituting)

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOTTARO, SUSAN 1417 HARUDEN RD DAYTONA BEACH, FL 32119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LANDEGN, MARGARET 68 HORSESHOE FALLS ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KENNEDY, DON 98 ROYAL PALM AVENUE ORMOND BEACH, FL 32176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOVAN, TOELLE 46 LAZY EIGHT DR DAYTONA BEACH, FL 32125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BUSH, AMELIE 125 BROWN CRANE CT DAYTONA BEACH, FL 32119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KRZYZOWSKI, CONNIE 2505 NO HALIFAX AVE DAYTONA BEACH, FL 32118

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 04/05/07-80046-010-61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11, if changed, or on an attachment with an address, with all other I/ke empowered.

SIGNATURE: Connie Krzyzowski, Connie Krzyzowski, President 3/25/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 386-258-3856