

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701312

FILED
Apr 13, 2009
Secretary of State

Entity Name: THE ART LEAGUE OF DAYTONA BEACH, INC.

Current Principal Place of Business:

433 S PALMETTO AVE
DAYTONA BEACH, FL 32114

New Principal Place of Business:

Current Mailing Address:

433 S PALMETTO AVE
DAYTONA BEACH, FL 32114

New Mailing Address:

FEI Number: 59-6138934 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KRZYZOWSKI, CONNIE
ART LEAGUE OF DAYTONA BCH
435 S PALMETTO AVE
DAYTONA BEACH, FL 32114 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: BOTTARO, SUSAN
Address: 1417 HARUDEN RD
City-St-Zip: DAYTONA BEACH, FL 32119

Title: TD () Delete
Name: LANDEGN, MARGARET
Address: 68 HORSESHOE FALLS
City-St-Zip: ORMOND BEACH, FL 32174

Title: VD () Delete
Name: KENNEDY, DON
Address: 98 ROYAL PALM AVENUE
City-St-Zip: ORMOND BEACH, FL 32176

Title: VD () Delete
Name: HOVAN, TOELLE
Address: 46 LAZY EIGHT DR
City-St-Zip: DAYTONA BEACH, FL 32125

Title: VD () Delete
Name: BUSH, AMELIE
Address: 125 BROWN CRANE CT
City-St-Zip: DAYTONA BEACH, FL 32119

Title: PD () Delete
Name: KRZYZOWSKI, CONNIE
Address: 2505 NO HALIFAX AVE
City-St-Zip: DAYTONA BEACH, FL 32118

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CONNIE KRZYZOWSKI

PD

04/13/2009

Electronic Signature of Signing Officer or Director

_____ Date