

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 730231 (8)

1. Corporation Name

CENTRAL FLORIDA CULTURAL ENDEAVORS, INC.



Principal Place of Business

Mailing Address

901 6TH ST (32017)
P.O. BOX 1310
DAYTONA BCH FL 32115-8310

901 6TH ST (32017)
P.O. BOX 1310
DAYTONA BCH FL 32115-310
US

3. Date Incorporated or Qualified
07/17/1974

3a. Date of Last Report
03/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

23-7384704

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COBB, THOMAS T
150 MAGNOLIA AVENUE
DAYTONA BEACH FL 32014

81

Name

82

Street Address (P.O. Box Number is Not Acceptable)

83

84

City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title (Applicable)

(If FEI Registered Agent Signature required, when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

SD
DAVIDSON, JOSEPHINE F
901 6TH ST
DAYTONA BCH, FL 00000

☒ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

PD
DAVIDSON, HERBERT M, JR
901 6TH ST
DAYTONA BCH, FL 00000

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

TD
KANEY, GEORGIA M
901 6TH ST
DAYTONA BCH, FL 00000

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

TASD
Kaney, Georgia M.

☒ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

VD
Truilo, Julia Davidson
901 Sixth Street
Daytona Beach, Fl. 32120

☐ Change ☒ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

SD
Davidson, Marc L.
901 Sixth Street
Daytona Beach, Fl. 32120

☐ Change ☒ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Georgia M. Kaney TASD

2-19-96

(904)252-1511

DATE OF FILING DAYTONA PHONE #

CR2E037 (12/95)