

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736600

1. Entity Name

IMAGES, A FESTIVAL OF THE ARTS, INC.

FILED
Jan 13, 2000 8:00 am
Secretary of State

01-13-2000 90033 008 ****61.25

Principal Place of Business

Mailing Address

P O BOX 1585
 NEW SMYRNA BEACH FL 32170-8585

P O BOX 1585
 NEW SMYRNA BEACH FL 32170-1585



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1681328

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MUSSON, JUME M
 413 QUAY ASSISI
 NEW SMYRNA BEACH FL 32169

Name

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

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME PD
 STREET ADDRESS MUSSON, JUNE
 CITY-ST-ZIP 413 QUAY ASSISI
 NEW SMYRNA BEACH FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME D
 STREET ADDRESS LACY, MARLENE
 CITY-ST-ZIP 817 13TH AVENUE
 NEW SMYRNA BEACH FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME SD
 STREET ADDRESS HARVEY, JOAN
 CITY-ST-ZIP 315 ESTHER AVENUE
 NEW SMYRNA BEACH FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME TD
 STREET ADDRESS MILLER, SANDY
 CITY-ST-ZIP 311 LIVE OAK ST.
 NEW SMYRNA BEACH FL 32168

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 like empowered.

SIGNATURE: *Sandra Miller* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 DATE: 1/4/2000 DAYTIME PHONE #: 904-428-2922

CR2E037 (9/99)