2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State
02-19-2002 90028 008 ****61.25

DOCUMENT # 736600

1. Entity Name

IMAGES, A FESTIVAL OF THE ARTS, INC.

Principal Place of Business	Mailing Address
P O BOX 1585 NEW SMYRNA BEACH FL 32170-8585	P O BOX 1585 NEW SMYRNA BEACH FL 32170-8585

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1681328 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: ROSS, Martha C.
Street Address (P.O. Box Number is Not Acceptable): 1710 S. Atlantic Ave.
City: New Smyrna Bch, FL
FL
Zip Code: 32169

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MUSSON, JUNE 413 QUAY ASSISI NEW SMYRNA BEACH FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	A/D ROSS, MARTHA C. 1710 S. Atlantic Ave. New Smyrna Beach FL 32169	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LACY, MARLENE 817 13TH AVENUE NEW SMYRNA BEACH FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/D DREW, Mary F. 2310 Sabal Palm Dr. Edgewater, FL 32141	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HARVEY, JOAN 315 ESTHER AVENUE NEW SMYRNA BEACH FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PD~~ ~~ROSS, MARTHA C.~~ ~~1710 S. Atlantic Ave~~ ~~New Smyrna Beach, FL 32169~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D GRIMES, Martha B. 500 S. Riverside Dr. Edgewater, FL 32132	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D McELROY, Janice 1731 Hideaway Forest Trail New Smyrna Bch, FL 32168	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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: SIGNATURE REQUIRED Martha B. Grimes 1-30-02 (386)423-4733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #