

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736600

FILED  
Feb 25, 2009  
Secretary of State

**Entity Name:** IMAGES, A FESTIVAL OF THE ARTS, INC.

**Current Principal Place of Business:**

214 S RIVERSIDE DRIVE  
NEW SMYRNA BEACH, FL 32168

**New Principal Place of Business:**

**Current Mailing Address:**

1414 ART CENTER AVENUE  
NEW SMYRNA BEACH, FL 32168

**New Mailing Address:**

**FEI Number:** 59-1681328

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILLIAM PRESTON  
143 CANAL STREET  
NEW SMYRNA BEACH, FL 32168 US

**Name and Address of New Registered Agent:**

MARNYE KEENAN DONNELLY  
2779 IRONDALE STREET  
DELTONA, FL 32738 US

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: MARNYE KEENAN DONNELLY

02/25/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: ED ( ) Delete  
Name: BRADY, ANN  
Address: 511 BALL STREET  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: P ( ) Delete  
Name: PABST, MARGERY  
Address: 321 READING WAY  
City-St-Zip: WINTER PARK, FL 32789

Title: VP ( ) Delete  
Name: SMITH, KYLE  
Address: 255 S ORANGE AVENUE  
City-St-Zip: ORLANDO, FL 32801

Title: S ( ) Delete  
Name: EVERBACH, CHARLOTTE  
Address: 102 S INTERLACHEN AVENUE, #506  
City-St-Zip: WINTER PARK, FL 32789

Title: T ( ) Delete  
Name: TALLENT, WILLIAM CPA  
Address: 1374 BRISTOL PLACE  
City-St-Zip: HEATHROW, FL 32746

Title: VP ( ) Delete  
Name: PRESTON, WILLIAM  
Address: 143 CANAL STREET  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: P (X) Change ( ) Addition  
Name: MCGINNIS, DOUG  
Address: P.O. BOX 8  
City-St-Zip: EDGEWATER, FL 32132

Title: VP (X) Change ( ) Addition  
Name: IGOU, WOODY  
Address: 545 DELANEY AVENUE STE 5  
City-St-Zip: ORLANDO, FL 32801

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

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

Title: VP (X) Change ( ) Addition  
Name: PENDERGAST, J  
Address: 5900 SOUTH ATLANTIC AVENUE  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

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: ANN BRADY

ED

02/25/2009

Electronic Signature of Signing Officer or Director

Date