

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90115 001 ****61.25

DOCUMENT # 736600

1. Entity Name
IMAGES, A FESTIVAL OF THE ARTS, INC.



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

Mailing Address
**P O BOX 1585
NEW SMYRNA BEACH FL 32170-8585**



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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ROSS, MARTHA C
1710 S. ATLANTIC AVENUE
NEW SMYRNA BEACH FL 32169**

7. Name and Address of New Registered Agent

Name **Marie K. Hetzel**
Street Address (P.O. Box Number is Not Acceptable)
**105 Via Benvenuto
New Smyrna Beach**
City **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Marie K. Hetzel*
Signature, typed or printed name of registered agent and title if applicable.

MARIE K. HETZEL

1/7/03

(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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ROSS, MARTHA C	
STREET ADDRESS	1710 S. ATLANTIC AVENUE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	DREW, MARY F	
STREET ADDRESS	2310 SABAL PALM DRIVE	
CITY-ST-ZIP	EDGEWATER FL 32141	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HARVEY, JOAN	
STREET ADDRESS	315 ESTHER AVENUE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GRIMES, MARTHA B	
STREET ADDRESS	500 S. RIVERSIDE DRIVE	
CITY-ST-ZIP	EDGEWATER FL 32132	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCELROY, JANICE	
STREET ADDRESS	1731 HIDEAWAY FOREST TRAIL	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	EX D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIE HETZEL	
STREET ADDRESS	105 VIA BENENVENTO	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169	
TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUNE M. MUSSON	
STREET ADDRESS	1793 TAYLOR ROAD	
CITY-ST-ZIP	PORT ORANGE, FL 32128	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Marie K. Hetzel* **MARIE K. HETZEL** **1/7/03**

CR2E037 (10/02)