

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 744384 (9)**  
1. Corporation Name  
**PALETTE AND BRUSH CLUB OF THE HALIFAX AREA, INC**



Principal Place of Business Mailing Address  
**DAYTONA BEACH PUBLIC LIBRARY  
CITY ISLAND  
DAYTONA BEACH FL 32114  
US**  
**KLAUSKY, ANNE MARIE  
600 TARRAGONE WAY  
DAYTONA BEACH FL 32114  
US**

3. Date Incorporated or Qualified **09/26/1978** 3a. Date of Last Report **01/30/1995**  
4. FEI Number **59-1946356** 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

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 29 Country 30

## 9. Name and Address of Current Registered Agent

**KLAUSKY, ANNE MARIE  
600 TARRAGONE WAY  
DAYTONA BEACH FL 32114**

## 10. Name and Address of New Registered Agent

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS** ☐ DELETE  
TITLE **PD**  
NAME **BOWLES, DOROTHY**  
STREET ADDRESS **953 DUNCAN RD**  
CITY - ST - ZIP **S DAYTONA FL**  
TITLE **TD** ☐ DELETE  
NAME **HENDRICKS, CHARLOTTE**  
STREET ADDRESS **1062 GEORGE ANDERSON ST.**  
CITY - ST - ZIP **ORMOND BEACH FL**  
TITLE **TD** ☐ DELETE  
NAME **KLAUSKY, ANNE MARIE**  
STREET ADDRESS **600 TARRAGONA WAY**  
CITY - ST - ZIP **DAYTONA BEACH FL**  
TITLE **RSD** ☐ DELETE  
NAME **MOORE, ROBIN**  
STREET ADDRESS **17 MARIA ST**  
CITY - ST - ZIP **ORMOND BCH FL**  
TITLE **CSD** ☐ DELETE  
NAME **KRZYZOWSKI, CONNIE**  
STREET ADDRESS **69 VILLAGE DR.**  
CITY - ST - ZIP **ORMOND BEACH FL**  
TITLE **VD** ☐ DELETE  
NAME **GARNER, JOAN**  
STREET ADDRESS **112 VENETIAN WAY**  
CITY - ST - ZIP **DAYTONA BEACH FL**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**  
11 TITLE **President** ☒ Change ☐ Addition  
12 NAME **FULVIA MONDELLO - RUSSO**  
13 STREET ADDRESS  
14 CITY - ST - ZIP  
21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP  
31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP  
41 TITLE **RSD** ☒ Change ☐ Addition  
42 NAME **ROSEMARY HARLAN**  
43 STREET ADDRESS **89 S ATLANTIC #1005**  
44 CITY - ST - ZIP **ORMOND BEACH, FL 32116**  
51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP  
61 TITLE **VP** ☒ Change ☐ Addition  
62 NAME **SUE MOHR BACHER**  
63 STREET ADDRESS **539 DAYTONA AVE**  
64 CITY - ST - ZIP **HOLLY HILL FL 32117**

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:**

*Anne Marie Klausky*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Anne Marie Klausky

**904-238-0129**  
**Feb 5, 1996**  
Date Daytime Phone #

CR2E037 (12/95)