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Jan 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **744384** (9)
1. Corporation Name
PALETTE AND BRUSH CLUB OF THE HALIFAX AREA, INC

Principal Place of Business DAYTONA BEACH PUBLIC LIBRARY CITY ISLAND DAYTONA BEACH FL 32114 US	Mailing Address MCCOY, BETTY L. 2967 SOUTH ATLANTIC AVE., #901 DAYTONA BCH. SHRS. FL 32118 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 09/26/1978	
4. FEI Number 59-1946356	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**MCCOY, BETTY L.
2967 S. ATLANTIC AVE., #901
DAYTONA BEACH FL 3118**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	FOSTER, VIRGINIA
STREET ADDRESS	3 WATERFRONT CT.
CITY-ST-ZIP	ORMOND BEACH FL
TITLE	VP <input checked="" type="checkbox"/> DELETE
NAME	RUSSO, FULVIA
STREET ADDRESS	1407 PORTOBELLO
CITY-ST-ZIP	PORT ORANGE FL
TITLE	RSD <input type="checkbox"/> DELETE
NAME	KRAUSMAN, BETTY
STREET ADDRESS	799 MARVIN RD.
CITY-ST-ZIP	ORMAOND BEACH FL
TITLE	CSD <input type="checkbox"/> DELETE
NAME	PUGH, JOAN V.
STREET ADDRESS	10 CASTLE MANOR DR.
CITY-ST-ZIP	ORMOND BEACH FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	MCCOY, BETTY L.
STREET ADDRESS	2967 S. ATLANTIC AVE., #901
CITY-ST-ZIP	DAYTONA BEACH SHRS FL
TITLE	ATD <input checked="" type="checkbox"/> DELETE
NAME	HENDRICKS, CHARLOTTE
STREET ADDRESS	1062 GEORGE ANDERSON ST.
CITY-ST-ZIP	ORMOND BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WORKMAN, PAT
1.3 STREET ADDRESS	907 WOODMERE CIRCLE
1.4 CITY-ST-ZIP	ORMOND BEACH, FL 32174
2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MOHRBACHER, VIOLET (SDE)
2.3 STREET ADDRESS	539 DAYTONA AVE.
2.4 CITY-ST-ZIP	HOLLY HILL, FL 32117
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	ATD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	LITTLEFIELD, JOAN
6.3 STREET ADDRESS	112 VENETIAN WAY
6.4 CITY-ST-ZIP	DAYTONA BEACH FL 32127

14. 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 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: Betty L. McCoy 1/06/98

CR2E037 (10/97)