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**NONPROFIT
 CORPORATION
 ANNUAL REPORT
 1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 744384

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

3. Date Incorporated or Qualified

09/26/1978

4. FEI Number

59-1946356

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
 Added to Fees

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

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

TITLE P ☒ DELETE
 NAME WORKMAN PAT
 STREET ADDRESS 907 WOODMERE CIRCLE
 CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE VP ☒ DELETE
 NAME MOHRBACHER VIOLET SUE
 STREET ADDRESS 539 DAYTONA AVE
 CITY-ST-ZIP HOLLY HILL FL 32117

TITLE RSD ☒ DELETE
 NAME KRAUSMAN, BETTY
 STREET ADDRESS 799 MARVIN RD.
 CITY-ST-ZIP ORMAOND BEACH FL

TITLE CSD ☒ DELETE
 NAME PUGH, JOAN V.
 STREET ADDRESS 10 CASTLE MANOR DR.
 CITY-ST-ZIP ORMOND BEACH FL

TITLE TD ☐ DELETE
 NAME MCCOY, BETTY L.
 STREET ADDRESS 2967 S. ATLANTIC AVE., #901
 CITY-ST-ZIP DAYTONA BEACH SHRS FL

TITLE ATD ☒ DELETE
 NAME LITTLEFIELD, JOAN
 STREET ADDRESS 112 VENETIAN WAY
 CITY-ST-ZIP DAYTONA BEACH FL 32127

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
 1.2 NAME P
 1.3 STREET ADDRESS DOTTIE BOWLES
 953 DUNCAN RD.
 1.4 CITY-ST-ZIP SOUTH DAYTONA, FL 32119

2.1 TITLE VP ☒ Change ☐ Addition
 2.2 NAME MARY BROWNING
 2.3 STREET ADDRESS 160 N. HALIFAX DR.
 2.4 CITY-ST-ZIP ORMOND BEACH, FL 32174

3.1 TITLE RSD ☒ Change ☐ Addition
 3.2 NAME JANE MCCONNELL
 3.3 STREET ADDRESS 4454 S. ATLANTIC AVE. #114
 3.4 CITY-ST-ZIP PONCE INLET, FL 32127

4.1 TITLE CSD ☒ Change ☐ Addition
 4.2 NAME JOAN LITTLEFIELD
 4.3 STREET ADDRESS 112 VENETIAN WAY
 4.4 CITY-ST-ZIP DAYTONA BEACH, FL 32127

5.1 TITLE ☐ Change ☐ Addition
 5.2 NAME SAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE ATD ☒ Change ☐ Addition
 6.2 NAME BETTY SMITH.
 6.3 STREET ADDRESS ~~112 VENETIAN WAY~~
 6.4 CITY-ST-ZIP 349 WATER OAK LN. FL
 ORMOND BEACH 32174

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, with all other like empowered.

SIGNATURE:

Betty L. McCoy
 SECRETARY
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/05/99
 Date

(904) 760-0792
 Daytime Phone #

CR2E037 (11/98)