

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90058 005 ****61.25

DOCUMENT # 744384 1. Entity 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 SANDY DECAPUA 5433 DUBOIS AVE PORT ORANGE, FL 32127 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip 		3. Mailing Address HOPE B. BUSH Suite, Apt. #, etc. 2 RIO AVE City & State ORMOND BEACH, FL Zip 32174		4. FEI Number 59-1946356 Applied For <input type="checkbox"/> Not Applicable	
Country 		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DECAPUA, SANDY 5433 DUBOIS AVE PORT ORANGE, FL 32127				7. Name and Address of New Registered Agent Name HOPE B. BUSH Street Address (P.O. Box Number is Not Acceptable) 2 RIO AVE City ORMOND BEACH FL Zip Code 32174	
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 <u>HOPE B. BUSH</u> <u>Hope B. Bush</u> <u>4/1/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME WORKMAN, PAT STREET ADDRESS 907 WOODWRE CIRCLE CITY-ST-ZIP ORMOND BEACH, FL 32174	<input checked="" type="checkbox"/> Delete		TITLE P NAME FOSTER, VIRGINIA STREET ADDRESS 3 WATERFRONT CT CITY-ST-ZIP ORMOND BEACH, FL 32174	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VP NAME KNOLL, BETTY STREET ADDRESS 102 SPYGLASS CIRCLE CITY-ST-ZIP DAYTONA BEACH, FL 32114	<input checked="" type="checkbox"/> Delete		TITLE VP NAME WORKMAN, PAT STREET ADDRESS 907 WOODMERE CIR. CITY-ST-ZIP ORMOND BEACH, FL 32174	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE RS NAME ROMAN, BARBARA STREET ADDRESS 23 TALAQUAH BLVD CITY-ST-ZIP ORMOND BEACH, FL 32174	<input checked="" type="checkbox"/> Delete		TITLE RS NAME KRAUSMAN, BETTY STREET ADDRESS 799 MARVIN RD. CITY-ST-ZIP ORMOND BEACH, FL 32176	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE CSD NAME FOSTER, VIRGINIA STREET ADDRESS 3 WATERFRONT CT CITY-ST-ZIP ORMOND BEACH, FL 32174	<input checked="" type="checkbox"/> Delete		TITLE CS NAME MEHEGAN, FLORENCE STREET ADDRESS 1979 RED CEDAR CIR. CITY-ST-ZIP SOUTH DAYTONA, FL 32119	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE T NAME DECAPUA, SANDY STREET ADDRESS 5433 DUBOIS AVE CITY-ST-ZIP PORT ORANGE, FL 32127	<input checked="" type="checkbox"/> Delete		TITLE T NAME BUSH, HOPE B. STREET ADDRESS 2 RIO AVE CITY-ST-ZIP ORMOND BEACH, FL 32174	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE AT NAME KLINE, ALINE STREET ADDRESS 136 FAIRVIEW AVE APT #722 CITY-ST-ZIP DAYTONA BEACH, FL 32114	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Hope B. Bush</u> (HOPE B. BUSH) <u>4/1/04</u> (386) 677-3199 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

4/1/04

CHECK # 3223

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