

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90042 042 ****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 HOPE B. BUSH 2 RIO AVE. ORMOND BEACH, FL 32174 US	
2. Principal Place of Business ART LEAGUE OF DAYTONA BCH Suite, Apt. #, etc. 433 S PALMETTO AVE City & State DAYTONA Bch FL Zip 32114 Country		3. Mailing Address Lucie Sonnenberg Suite, Apt. #, etc. 1054 OAK Forest Cir City & State PORT ORANGE FL Zip 32129 Country	
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. Name and Address of Current Registered Agent BUSH, HOPE B 2 RIO AVE. ORMOND BEACH, FL 32174		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <u>1/18/05</u> <small>(NOTE: Registered Agent signature required when renewing)</small>	
Filing Fee is \$81.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP P FOSTER, VIRGINIA 3 WATERFRONT CT. ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP UP KARAPAKA, SOPHIA 844 MARVIN Rd ORMOND Bch FL 32176	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP VP WORKMAN, PAT 907 WOODMERE CIR ORMOND BEACH, FL 32174	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP RS KRAUSMAN, BETTY 799 MARVIN RD. ORMOND BEACH, FL 32176	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP CS MEHEGAN, FLORENCE 1979 RED CEDAR CIR DAYTONA BEACH, FL 32119	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP T BUSH, HOPE B 2 RIO AVE. ORMOND BEACH, FL 32174	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP AT KLINE, ALINE 136 FAIRVIEW AVE APT #722 DAYTONA BEACH, FL 32114	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ⊕ Sonnenberg, Lucie 1054 OAK Forest Cir PORT ORANGE FL 32129	<input checked="" type="checkbox"/> Change <input checked="" 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)(f), 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>Lucie Sonnenberg</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER/DIRECTOR</small>	
DATE <u>1/18/05</u>		Daytime Phone # <u>386 760 8135</u>	