2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 17, 2006 8:00 am Secretary of State

DOCUMENT # 744384 1. Entity Name PALETTE AND BRUSH CLUB OF THE HALIFAX AREA, INC.							-17-2006 9	•	4 ****61.2:	
Principal Plac ART LEAGUE 4335 PALME DAYTONA BE	29 US									
2. Principal Place of Business 3. Ma			3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc. S			Suite, Apt. #, etc.	Suite, Apt. #, etc.			ից-NP	CR2E0	37 (11/05)	
City & State			City & State	City & State			56		 	plied For t Applicable
Zip Country		Zip	Zip Country		5. Certificate of Si	tatus Desired		\$8.75 Add Fee Required		
	6. Name a	and Address of Current	Registered Agent	. 1		7. Name and Add	iress of New	Registered	Agent	
				Name	Name Lueic Sonnenberg					
BUSH, HO						P.O. Box Number is				
ORMOND										
	10	54	OAK FO	nest	ar					
						ORAN		FL	Zip Code	0.4
P. The above	nomed outility	submits this statement for	or the purpose of changing its							
	tions of registe		or the barbose or custified its	redizina ource or	riegister	ed agent, or both, in	THE SEALE OF	rioriua. I ali	i izirinizi Witri,	and accept
		, ,						: 1 /		
SIGNATURE	_ Lu	ue Loe	muy -					1/12/	06	
SIGNATURE	Signature, typed or	r printed name of registered agent	and title if application (NOTE	: Registered Agent signat	ture required	when revistating)		1/12/ DATE	06	
;		connect name of registered agent	· · · · · · · · · · · · · · · · · · ·		ture required				 	
;	Signature, typed or Filling Fee Due by Ma	printed name of registered agent	· · · · · · · · · · · · · · · · · · ·	npaign Financing	ture required	when revistating) \$5.00 May Be Added to Fees	T	Make chec	ck payable to	
SIGNATURE	Filing Fee	printed name of registered agent	9. Election Cam Trust Fund C	npaign Financing	0	\$5.00 May Be Added to Fees	FI GES TO OFFIC	Make checorida Depa	ck payable to	ate
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 apaddress, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

PORT ORANGE, FL 32129

ORMOND BEACH, FL 32174

BUSH, HOPE B

2 RIO AVE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

1/12/06

PEG LANDEEN 68 HORSESHUE FALLS DR

ORMOND Boh FL 32174

Daylime Phone #

Change Change

☐ Addition