

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

01-17-2006 90254 014 \*\*\*\*61.25

<b>DOCUMENT # 744384</b> 1. Entity Name <b>PALETTE AND BRUSH CLUB OF THE HALIFAX AREA, INC.</b>					
Principal Place of Business <b>ART LEAGUE OF DAYTONA BEACH</b> <b>4335 PALMETTO AVE</b> <b>DAYTONA BEACH, FL 32114 US</b>			Mailing Address <b>LUCIE SONNENBERG</b> <b>1054 OAK FOREST CIR</b> <b>PORT ORANGE, FL 32129 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1946356</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>BUSH, HOPE B</b> <b>2 RIO AVE.</b> <b>ORMOND BEACH, FL 32174</b>			Name <b>Lucie Sonnenberg</b> Street Address (P.O. Box Number is Not Acceptable) <b>1054 OAK Forest Cir</b> City <b>PORT ORANGE</b> <b>FL</b> Zip Code <b>32129</b>		
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <b>1/12/06</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	FLORENCE C MEHEGAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSTER, VIRGINIA		NAME	1979 Red Cedar Cir	
STREET ADDRESS	3 WATERFRONT CT.		STREET ADDRESS	S DAYTONA, FL 32119	
CITY-ST-ZIP	ORMOND BEACH, FL 32174		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARAPAKA, SOPHIA		NAME		
STREET ADDRESS	844 MARVIN RD		STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH, FL 32176		CITY-ST-ZIP		
TITLE	RS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAUSMAN, BETTY		NAME		
STREET ADDRESS	799 MARVIN RD.		STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH, FL 32176		CITY-ST-ZIP		
TITLE	CS	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEHEGAN, FLORENCE		NAME		
STREET ADDRESS	1979 RED CEDAR CIR		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH, FL 32119		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SONNENBERG, LUCIE		NAME		
STREET ADDRESS	1054 OAK FOREST CIR		STREET ADDRESS		
CITY-ST-ZIP	PORT ORANGE, FL 32129		CITY-ST-ZIP		
TITLE	AT	<input checked="" type="checkbox"/> Delete	TITLE	PEG LANDEEN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSH, HOPE B		NAME	68 Horse Shoe Falls Dr	
STREET ADDRESS	2 RIO AVE		STREET ADDRESS	ORMOND Bch FL 32174	
CITY-ST-ZIP	ORMOND BEACH, FL 32174		CITY-ST-ZIP		
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 an address, with all other like empowered.					
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <b>1/12/06</b> <small>Date Daytime Phone #</small>		