2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 07, 2006
Secretary of State

DOCUMENT# 758722

Entity Name: DELAND OUTDOOR ART FESTIVAL, INC.

Current Principal Place of Business:

1669 TALL OAKS ROAD
DELAND, FL 32720

New Principal Place of Business:

Current Mailing Address:

1669 TALL OAKS ROAD
DELAND, FL 32720

New Mailing Address:

FEI Number: 59-2440590 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CLAUSEN, TOM
1669 TALL OAKS ROAD
DELAND, FL 32720 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: SD ( ) Delete
Name: GERARD, ANN
Address: 980 MARJORIE RAWLINGS DR
City-St-Zip: DELAND, FL 32720

Title: TDV ( ) Delete
Name: CLAUSEN, PATRICIA
Address: 1669 TALL OAKS ROAD
City-St-Zip: DELAND, FL 32720

Title: PD ( ) Delete
Name: CLAUSEN, TOM
Address: 1669 TALL OAKS ROAD
City-St-Zip: DELAND, FL 32720

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change ( ) Addition
Name: CREECH, KIMBERLY
Address: 1675 TALL OAKS RD
City-St-Zip: DELAND, FL 32720

Title: T (X) Change ( ) Addition
Name: CLAUSEN, PATRICIA
Address: 1669 TALL OAKS ROAD
City-St-Zip: DELAND, FL 32720

Title: P (X) Change ( ) Addition
Name: CLAUSEN, TOM
Address: 1669 TALL OAKS ROAD
City-St-Zip: DELAND, FL 32720

Title: V ( ) Change (X) Addition
Name: CLAUSEN, PATRICIA
Address: 1669 TALL OAKS RD.
City-St-Zip: DELAND, FL 32720

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA CLAUSEN V 08/07/2006

Electronic Signature of Signing Officer or Director — Date