

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR -3 PM 6:09

DOCUMENT # 759136 (5)

1. Corporation Name

YOUTH OF BEACHES ARTS GUILD, INC.

Principal Place of Business

**P.O. BOX 50275
JACKSONVILLE BEACH FL 32240**

Mailing Address

**P.O. BOX 50275
JACKSONVILLE BEACH FL 32240**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/13/1981

3a. Date of Last Report
01/21/1994

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☒ **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

25 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

**HULEH, JUDY
1505 SELVA MARINA DR.
ATLANTIC BEACH FL 32233**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VD**
NAME **GANO, DAVID**
STREET ADDRESS **851 14TH AVE. N.**
CITY - ST - ZIP **JACKSONVILLE BCH. FL**

TITLE **PD**
NAME **HULETT, JUDY**
STREET ADDRESS **1505 SELVA MARINA DR.**
CITY - ST - ZIP **ATLANTIC BEACH FL**

TITLE **TD**
NAME **BULL, JANE**
STREET ADDRESS **1930 SEAGATE AVE.**
CITY - ST - ZIP **NEPTUNE BEACH FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VD** ☒ Change ☐ Addition
1.2 NAME **Suzi ROGERS**
1.3 STREET ADDRESS **1212 TRAILWOOD DR.**
1.4 CITY - ST - ZIP **NEPTUNE BEACH, FL. 32266**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE **TD** ☒ Change ☐ Addition
3.2 NAME **MULLINS, CAROLE**
3.3 STREET ADDRESS **511 FLORIDA BLVD.**
3.4 CITY - ST - ZIP **NEPTUNE BEACH, FL. 32266**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 Statute; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Carole Mullins, Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-95 904-5657886
(Date) (Telephone Number)