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SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**95 MAR 22 PM 3:44**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # 765245 (6)**

1. Corporation Name

**ARTS COUNCIL OF VOLUSIA COUNTY, INC.**

Principal Place of Business

Mailing Address

101 S. WOODLAND BLVD.  
DELAND FL 32720

101 S. WOODLAND BLVD.  
DELAND FL 32720

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/30/1982

3a. Date of Last Report

03/04/1994

4. FEI Number

59-2245895

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-601(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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BIFERIE, DAN  
333 S. DEXTER AVENUE  
DELAND FL 32720

81 Name LOUIS F. BRAKEMAN

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

522 PRINCEWOOD DR.

83

84 City DELAND

FL

85

Zip Code 32724

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

*Louis F. Brakeman*

LOUIS F. BRAKEMAN, 1st Vice President

MARCH 7, 1995

(NOTE: Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PDP  
BIFERIE, DAN (PRESIDENT)  
333 S. DEXTER AVE.  
DELAND FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

Change  Addition  
omit BIFERIE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VD  
BRAKEMAN, DR LOUIS  
522 PRINCEWOOD  
DELAND FL 32724

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

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VD  
DEWEY, ANDER (2ND VP)  
PO BOX 1310 N/A  
DAYTONA BEACH FL 32115

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

SDT  
SMITH, ELEANOR LEEK  
601 N. McDONALD AVE.  
DELAND FL

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

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

SD  
MCINNES, JENIFER  
214 RIVERSIDE DR  
NEW SMYRNA BEACH FL 32188

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

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

Change  Addition

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)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addenda.

SIGNATURE:

*Louis F. Brakeman*

LOUIS F. BRAKEMAN

3-7-95

(904) 738-6796

SIGNATURE AND TYPE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Title

Telephone Number