

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 765245 (6)
1. Corporation Name
ARTS COUNCIL OF VOLUSIA COUNTY, INC.



Principal Place of Business: **101 S. WOODLAND BLVD. DELAND FL 32720**
Mailing Address: **101 S. WOODLAND BLVD. DELAND FL 32720**

3. Date Incorporated or Qualified: **09/30/1982**
3a. Date of Last Report: **03/22/1995**

2. Principal Place of Business: **21 101 N Woodland BLVD**
2a. Mailing Address: **26 101 N. WOODLAND BLVD**
Suite, Apt. #, etc.: **22 Suite 211**
City & State: **23 Deland FL**
Zip: **24 32720** Country: **25 USA**

4. FEI Number: **59-2245895**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **BRAKEMAN, LOUIS F. 522 PRINCEWOOD DR DELAND FL 32724**
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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Louis F. Brakeman* **LOUIS F. BRAKEMAN** **FEB 12, 1996**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: VD	BRAKEMAN, DR LOUIS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	522 PRINCEWOOD	1.2 NAME	
STREET ADDRESS	DELAND FL 32724	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE: VD	DEWEY, ANDER (2ND VP) <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PO BOX 1310 N/A	2.2 NAME	
STREET ADDRESS	DAYTONA BEACH FL 32115	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE: SDT	SMITH, ELEANOR LEEK <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	801 N. McDONALD AVE.	3.2 NAME	WRIGHT, DR. JAMES
STREET ADDRESS	DELAND FL	3.3 STREET ADDRESS	60 MELODIE LANE
CITY-ST-ZIP		3.4 CITY-ST-ZIP	DELAND, FL 32720
TITLE: SD	MCINNES, JENIFER <input checked="" type="checkbox"/> DELETE	4.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	214 RIVERSIDE DR	4.2 NAME	LEWIS, EARLENE
STREET ADDRESS	NEW SMYRNA BEACH FL 32168	4.3 STREET ADDRESS	1204 N. PENINSULA
CITY-ST-ZIP		4.4 CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	WOLFSON, BARBARA
STREET ADDRESS		5.3 STREET ADDRESS	150 N. HALIFAX
CITY-ST-ZIP		5.4 CITY-ST-ZIP	ORMOND BEACH, FL 32196
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Louis F. Brakeman* **LOUIS F. BRAKEMAN** **FEB 12, 1996** (904) 738-6996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)