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Feb 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

Mailing Address

101 N WOODLAND BLVD
STE 211
DELAND FL 32720
US

101 S. WOODLAND BLVD.
STE 211
DELAND FL 32720-5419
US

3. Date Incorporated or Qualified
09/30/1982

3a. Date of Last Report
02/20/1996

2. Principal Place of Business

2a. Mailing Address

21 c/o SunTrust Bank Bldg

26 same

4. FEI Number
59-2245895

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 302 E. New York Ave.

27 Same

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

City & State

City & State

23 DeLand, FL

28 Same

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

Zip

Country

Zip

Country

24 32724

25 USA

29 Same

30 Same

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRAKEMAN, LOUIS F.
522 PRINCEWOOD DR
DELAND FL 32724

81 Name

Betty Frazian

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

4641 South Atlantic Ave

83

Unit #208

84 City

Ponce Inlet

FL

85 Zip Code

32127

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Betty Frazian President, ACVC 2/10/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BRAKEMAN, DR LOUIS	
STREET ADDRESS	522 PRINCEWOOD	
CITY-ST-ZIP	DELAND FL 32724	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DEWEY, ANDER (2ND VP)	
STREET ADDRESS	PO BOX 1310 N/A	
CITY-ST-ZIP	DAYTONA BEACH FL 32115	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WRIGHT, JAMES DR.	
STREET ADDRESS	60 MELODIE LANE	
CITY-ST-ZIP	DELAND FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	LEWIS, EARLENE	
STREET ADDRESS	1204 N PENINSULA	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WOLFSON, BARBARA	
STREET ADDRESS	150 N HALIFAX	
CITY-ST-ZIP	ORMOND BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Betty Frazian	
1.3 STREET ADDRESS	4641 S. Atlantic Ave - 208	
1.4 CITY-ST-ZIP	Ponce Inlet, FL 32127	
2.1 TITLE	1st Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Sue Davison	
2.3 STREET ADDRESS	150 Bounty Lane	
2.4 CITY-ST-ZIP	Ponce Inlet, FL 32127	
3.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Debi Laihe	
3.3 STREET ADDRESS	659 S. Pine Street	
3.4 CITY-ST-ZIP	New Smyrna Beach, FL 32169	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:

James Wright, Treasurer

James Wright

DATE

1/15/97

Daytime Phone # 0013371

904-822-7529

CP2E037 (9/96)