


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90291 025 ****61.25

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DOCUMENT # 765245					
1. Entity Name ARTS COUNCIL OF VOLUSIA COUNTY, INC.					
Principal Place of Business 1510 RIDGEWOOD AVE. HOLLY HILL, FL 32117 US			Mailing Address P.O. BOX 290850 PORT ORANGE, FL 32129 US		
2. Principal Place of Business <i>320 NORTH ORANGE AVE</i>		3. Mailing Address		03012005 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-2245895	
City & State <i>DAYTONA BEACH FL</i>		City & State		Applied For Not Applicable	
Zip <i>32114</i>	Country <i>US</i>	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MASON, HENRY T 900 SMOKERISE BLVD. PORT ORANGE, FL 32127			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PARKER, RETTV M	NAME	<i>PARKER, BETTY M</i>		
STREET ADDRESS	2115 S PENINSULA DR	STREET ADDRESS			
CITY-ST-ZIP	DAYTONA BEACH, FL 32118	CITY-ST-ZIP			
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BRADY, ANN	NAME	<i>DEELEY, MARY LOU</i>		
STREET ADDRESS	1414 ART CENTER AVE.	STREET ADDRESS	<i>105 JAMESTOWN DR.</i>		
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	CITY-ST-ZIP	<i>ORMOND BEACH FL 32176</i>		
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MASON, HENRY T	NAME			
STREET ADDRESS	900 SMOKERISE BLVD.	STREET ADDRESS			
CITY-ST-ZIP	PORT ORANGE, FL 32127	CITY-ST-ZIP			
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SANDEN, MICHAEL H	NAME	<i>VDP LARIVIERE, ERIC</i>		
STREET ADDRESS	120 PLEASANT VALLEY DR	STREET ADDRESS	<i>18 CROOKED TREE TR</i>		
CITY-ST-ZIP	DAYTONA BEACH, FL 32114	CITY-ST-ZIP	<i>ORMOND BEACH FL 32174</i>		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>H. J. Mason</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	
		<i>HENRY T. MASON TREASURER</i>		<i>3/2/05 (386) 295 4185</i>	
				Daytime Phone #	