

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 02, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000007297

1. Entity Name
**TOWNSHIP VOCATIONAL SCHOOL OF FINE ARTS
INCORPORATED**



Principal Place of Business

**1517 GAINESVILLE DR
DELTONA, FL 32725**

Mailing Address

**1517 GAINESVILLE DR
DELTONA, FL 32725**

DO NOT WRITE IN THIS SPACE



08252004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3635066

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RUSSELL, BRENDA D
108H EAST VILLA CAPRI CIR
DELAND, FL 32724**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000171470
09/02/04-80002-025 61.25**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PT
MCKOY, BRENDA
108H G VILLA CAPRI CIR
DELAND, FL 32724**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
RUSSELL, ERMUNDO
1 MORTON AVE
MONROE, LA 70631**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
HIGH, ELIZABETH
108H E VILLA CAPRI CIR
DELAND, FL 32724**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplementary 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #