

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 29, 2003 8:00 am**  
**Secretary of State**

05-29-2003 90134 044 \*\*\*\*61.25

0071741

**DOCUMENT # NO1000007297**

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3635066**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

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

*Brenda D. Russell*  
**Brenda D. Russell**

*5/1/03*

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

TITLE **VD** ☐ Delete  
NAME **RUSSELL, ERMUNDO**  
STREET ADDRESS **1 MORTON AVE**  
CITY-ST-ZIP **MONROE LA 70801**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*Brenda McCoy*  
**Brenda McCoy**

*5/1/03 (386) 860-0792*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)