NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCU 1. Corporation	MENT # NO199	96 (0)						
CULTU	IRAL ARTS CENTER, INC.							
						(1818 1818 1818 1		
Principal Place	e of Business	Mailing Address					IIA TION AIGH DIAK ON	
600 NORTH WOODLAND BLVD. 600 NORTH WOODLANG			NO RIVO					
DELAND FL 32720 DELAND FL 32720		NO DEVE.						
					3. Date Incorporated of	r Qualified	3a. Date of Las	
a Delevis d De					03/16/1984		06/28/	1995
2. Principal Place of Business 2a. Mailing Address				4. FEI Number 59-255 1097				Applied For
Suite, Apt. #, etc Suite, Apt. #, etc.						- \$8.7	Not Applicable 5 Additional	
22 27		27			5. Certificate of Status	Desired	1	e Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be				
Zip	Country	28 Zip	Count	~	Trust Fund Contribu		Add	ed to Fees
24	25	29	30	,	This corporation has Florida Statutes		Yes X No	s. 199.032,
Name and Address of Current Registered Agent					10. Name and Addres	s of New Reg	gistered Agent	
			8	1 Name	€			
LEE, MARGARET			8	2 Streen	t Address (P.O. Box Number is N	ot Acceptable)	7	
418 N WOODLAND BLVD DELAND FL 32720			8	3				
DEDAND	FL 32/20							
			8	4 City			FL 85 2	Zip Code
11. Pursuant I	to the provisions of Sections 617.0502	2 and 617.1508, Florida Statu	tes, the above	named o	corporation submits this statemen	t for the purpo	oco of changing its	registered office
familiar wi	red agent, or both, in the State of Flori th, and accept the obligations of, Sect	da. Such change was authori tion 617.0503, Florida Statute	zed by the co is.	poration'	s board of directors. I hereby acc	apt the appoin	ntment as registere	id agent. I am
SIGNATURE								
12.	Signature, typed or printed name of regelerant agent and title it again at ic. OFFICERS AND DIRECTORS			ent signatur.	required when reinstating)	ef e to otoe	DATE	OOS IN 18
TITLE	PD	DELFTE	13.		ADDITIONS/CHANG	ts loomu	Change	
NAME	LEE, MARGARET	_	1.2 NAM	C	D TALIEDDA		XX.	<u> </u>
STREET ADDRESS	418 N WOODLAND BLVD		13 STRE	ET ADDRESS	FELTON, LAVERDA 129 LAKE CHARLES	DD DE	T 3803 TW	
CrTY-ST-ZIP	DELAND FL		14 CITY	SI - ZIP		RD., DE.	TAND, F.T.	
TITLE	SD	∑ OELETE	21 TITLE		D		XX Change	Addition
NAME	GREER, BRYNDA		22 NAM		GREER, BRYNDA		24	
STREET ADDRESS	860 E PENNSYLVANIA AVE			ET ADDRESS	•	860 E. PENNSYLVANIA AVE.		
CITY-ST-ZIP TITLE	DELAND FL VD	XX DELETE	2 4 C/TY 3 1 T/FLE	-ST-ZIP	Deland, Fl		E Chases	
NAME	JACKSON, RANDY	A D D L L L L			VD	3 T D	Change	Addition
STREET ADDRESS	819 OAK TREE TERRACE		3.2 NAM 3.3 STRE	et adoress	WILLIAMSON, RON. 602 N. ORANGE A			
CITY-ST-ZIP	DELAND FL		3.4 CITY			ve.		
TITLE	TD	DELETE	4.1 TITLE		DELAND, FL.		☐ Change	Addition
NAME	FELTON, LAVERDA	••	4. 2 NAM	£	LACEY, ED			
STREET ADDRESS	129 LAKE CHARLES		43 STRE	FT ADDRESS	3356 CIRCLE OAK	S TRATT.	. जास्य अस्ति ।	
CITY-ST-ZIP	DELAND FL	- Inc. ex-	4.4 CITY			~ ==43TT)	· · · · · · · · · · · · · · · · · · ·	
TITLE	DUSEACYD ULADA	XXDELETE	5 1 TITLE		SD		☐ Change	X Addition
NAME STREET ADDRESS	ROSEVEAR, CLARA 2714 SARATOGA RD NORTH		5.2 NAMI		BLAIS, STEPHEN			
CITY-ST-ZIP	DELAND FL			T ADDRESS	245 S. WOODLAND	BLVD, I	DELAND, FI	,
TIFLE	MTC	DELETE	54 CITY 61 TITLE		D	····	Change	
NAME	SANDS, RENE		62 NAM		SANDS, RENE		Car and a	Band 1 100 (101)
STREET ADDRESS	2050 HONTOON RD			T ADDRESS	1	DAD		
CITY-ST-ZIP	DELAND FL		64 0114	ST. 7IP	DET AND ET			

14. Ide hereby certify that the information supplied with this filling 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 supplementa' 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: __

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-96 734-6645