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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N01996 (0)

1. Corporation Name

CULTURAL ARTS CENTER, INC.

Principal Place of Business

600 NORTH WOODLAND BLVD.  
DELAND FL 32720

Mailing Address

600 NORTH WOODLAND BLVD.  
DELAND FL 32720



3. Date Incorporated or Qualified  
03/16/1984

3a. Date of Last Report  
06/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEE, MARGARET  
418 N WOODLAND BLVD  
DELAND FL 32720

81 Name

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

83

84 City

FL

85 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETED
PD	LEE, MARGARET	418 N WOODLAND BLVD	DELAND FL	<input type="checkbox"/>
SD	GREER, BRYNDA	860 E PENNSYLVANIA AVE	DELAND FL	<input checked="" type="checkbox"/>
VD	JACKSON, RANDY	819 OAK TREE TERRACE	DELAND FL	<input checked="" type="checkbox"/>
TD	FELTON, LAVERDA	129 LAKE CHARLES	DELAND FL	<input checked="" type="checkbox"/>
D	ROSEVEAR, CLARA	2714 SARATOGA RD NORTH	DELAND FL	<input checked="" type="checkbox"/>
MTC	SANDS, RENE	2050 HONTOON RD	DELAND FL	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETED	Change	Addition
D	FELTON, LAVERDA	129 LAKE CHARLES RD.,	DELAND, FL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	GREER, BRYNDA	860 E. PENNSYLVANIA AVE.	DELAND, FL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VD	WILLIAMSON, RONALD	602 N. ORANGE AVE.	DELAND, FL	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TD	LACEY, ED	3356 CIRCLE OAKS TRAIL,	DELAND, FL	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SD	BLAIS, STEPHEN	245 S. WOODLAND BLVD,	DELAND, FL	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	SANDS, RENE	2050 HONTOON ROAD	DELAND, FL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)