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FILED

Apr 30 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

600 NORTH WOODLAND BLVD.
DELAND FL 32720600 NORTH WOODLAND BLVD.
DELAND FL 32720-3447

3. Date Incorporated or Qualified

03/16/1984

3a. Date of Last Report

05/01/1996

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

25

29

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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

4/15/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Everette Johnson	
1.3 STREET ADDRESS	950 W. Park Place	
1.4 CITY-ST-ZIP	DeLand, FL	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Dascher, Nancy	
2.3 STREET ADDRESS	3350 Black Willow Tr.	
2.4 CITY-ST-ZIP	DeLand, FL	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	President	
4.3 STREET ADDRESS	Lee, Margaret	
4.4 CITY-ST-ZIP	418 N. Woodland Blvd. DeLand, FL	
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Treasurer	
5.3 STREET ADDRESS	Blais, Stephen	
5.4 CITY-ST-ZIP	245 S. Woodland Blvd. DeLand, FL	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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 # 0013389

CR2E037 (9/96)