

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jun 21, 1999 8:00 am**  
**Secretary of State**

06-21-1999 90002 044 \*\*\*\*61.25

0013371

**DOCUMENT # N01996**

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**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

**03/16/1984**

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

4. FEI Number

**59-2551097**

Applied For  
Not Applicable

22. City & State

27. City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

23. Zip

Country

28. Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

24. Zip

25. Country

29. Zip

30. Country

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE  
NAME **D JOHNSON, EVERETTE**  
STREET ADDRESS **950 W. PARK PLACE**  
CITY-ST-ZIP **DELAND FL**

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME **D BAILEY NANCEE**  
1.3 STREET ADDRESS **1155 COUNTY ROAD 4139**  
1.4 CITY-ST-ZIP

TITLE ☒ DELETE  
NAME **D GREER, BRYNDA**  
STREET ADDRESS **860 E PENNSYLVANIA AVE**  
CITY-ST-ZIP **DELAND FL**

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME **D RINTZ, PAM**  
2.3 STREET ADDRESS **39 LYON DRIVE**  
2.4 CITY-ST-ZIP **DELAND, FL 32724**

TITLE ☒ DELETE  
NAME **VD WILLIAMSON, RONALD**  
STREET ADDRESS **602 N ORANGE AVE**  
CITY-ST-ZIP **DELAND FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **P LEE, MARGARET**  
STREET ADDRESS **418 N. WOODLAND BLVD.**  
CITY-ST-ZIP **DELAND FL**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☒ DELETE  
NAME **T BLAIS, STEPHEN**  
STREET ADDRESS **245 S. WOODLAND BLVD.**  
CITY-ST-ZIP **DELAND FL**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **D SANDS, RENE**  
STREET ADDRESS **2050 HONTON RD**  
CITY-ST-ZIP **DELAND FL**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

*Pamela J. Rintz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6-1-99**

**904-738-7156**

Date

Daytime Phone #

CR2E037 (11/98)