## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01996

Entity Name: CULTURAL ARTS CENTER, INC.

FILED Apr 28, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

600 NORTH WOODLAND BLVD. DELAND, FL 32720

**Current Mailing Address: New Mailing Address:** 

600 NORTH WOODLAND BLVD. DELAND, FL 32720

FEI Number: 59-2551097 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LEE, MARGARET TEAL, PARKE S 428 N WOODLAND BLVD

1006 N. WOODLAND BLVD. DELAND, FL 32720 DELAND, FL 32720

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.

SIGNATURE: PARKE S. TEAL 04/28/2004

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition LEE. MARGARET TEAL, PARKE S Name: Name: 428 N WOODLAND BLVD Address: 1006 N. WOODLAND BLVD. Address:

City-St-Zip: DELAND, FL 32720 City-St-Zip: DELAND, FL 32720

Title: () Delete Title: (X) Change ( ) Addition DREGGORS, WAYNE COOLEDGE, JENNIFER Name: Name:

Address: 528 W. UNIVERSITY Address: 600 N. WOODLAND BLVD. City-St-Zip: DELAND, FL 32720 City-St-Zip: DELAND, FL 32720

Title: () Delete Title: () Change () Addition

SUTTON, ROSEMARY Name: Name: 519 NUTMEG CIRCLE Address: Address: City-St-Zip: DELAND, FL 32724 City-St-Zip:

( ) Change (X) Addition Title: () Delete Title:

Name: Name: PARDEE, PATTI 600 N. WOODLAND BLVD. Address: Address: City-St-Zip: City-St-Zip: DELAND, FL 32720

Title: () Delete Title: ( ) Change (X) Addition

SCOVELL, BILL Name: Name:

600 N. WOODLAND BLVD. Address: Address: DELAND, FL 32720 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PARKE S. TEAL PR 04/28/2004