

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90038 047 ****61.25

DOCUMENT # N01996

1. Entity 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

50004104



01142005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-2551097

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

TEAL, PARKE S
1006 N. WOODLAND BLVD.
DELAND, FL 32720

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D/PR
NAME TEAL, PARKE S
STREET ADDRESS 1006 N. WOODLAND BLVD.
CITY-ST-ZIP DELAND, FL 32720

TITLE D
NAME COOLEGE, JENNIFER
STREET ADDRESS 600 N. WOODLAND BLVD.
CITY-ST-ZIP DELAND, FL 32720

TITLE STD
NAME SUTTON, ROSEMARY
STREET ADDRESS 519 NUTMEG CIRCLE
CITY-ST-ZIP DELAND, FL 32724

TITLE D
NAME PARDEE, PATTI
STREET ADDRESS 600 N. WOODLAND BLVD.
CITY-ST-ZIP DELAND, FL 32720

TITLE DVP
NAME SCOVELL, BILL
STREET ADDRESS 600 N. WOODLAND BLVD.
CITY-ST-ZIP DELAND, FL 32720

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/05
Date

Daytime Phone #