

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01996

FILED  
Apr 02, 2009  
Secretary of State

Entity Name: CULTURAL ARTS CENTER, INC.

**Current Principal Place of Business:**

600 NORTH WOODLAND BLVD.  
DELAND, FL 32720

**New Principal Place of Business:**

**Current Mailing Address:**

600 NORTH WOODLAND BLVD.  
DELAND, FL 32720

**New Mailing Address:**

FEI Number: 59-2551097

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

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

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D/PR ( ) Delete  
Name: MEADOWS, GARY A  
Address: 205 RIVER VILLAGE DR  
City-St-Zip: DEBARY, FL 32713

Title: D ( ) Delete  
Name: COOLEDGE, JENNIFER  
Address: 600 N. WOODLAND BLVD.  
City-St-Zip: DELAND, FL 32720

Title: D ( ) Delete  
Name: AULT, JEFFREY  
Address: 600 N. WOODLAND BLVD.  
City-St-Zip: DELAND, FL 32720

Title: DVP ( ) Delete  
Name: SCOVELL, BILL  
Address: 600 N. WOODLAND BLVD.  
City-St-Zip: DELAND, FL 32720

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DVP (X) Change ( ) Addition  
Name: DANSBERGER, DOROTHY  
Address: 600 N. WOODLAND BLVD.  
City-St-Zip: DELAND, FL 32720

Title: DS (X) Change ( ) Addition  
Name: MCCRANIE, JO  
Address: 600 N. WOODLAND BLVD.  
City-St-Zip: DELAND, FL 32720

Title: DT ( ) Change (X) Addition  
Name: THOMPSON, JUDITH  
Address: 600 N. WOODLAND BLVD.  
City-St-Zip: DELAND, FL 32720

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

AGEN

04/02/2009

Electronic Signature of Signing Officer or Director

Date