

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002081

FILED
May 23, 2006
Secretary of State

Entity Name: DAYTONA BEACH CENTER FOR THE ARTS, INC.

Current Principal Place of Business:

355 N. BEACH ST
DAYTONA BEACH, FL 32114

New Principal Place of Business:

Current Mailing Address:

355 N. BEACH ST
DAYTONA BEACH, FL 32114

New Mailing Address:

FEI Number: 51-0510566 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

PALMETTO CHAPTER SERVICE
150 MAGNOLIA AVE
DAYTONA BEACH, FL 32114 US

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 () Delete
Name: LEEK, TOM
Address: 150 MAGMOLIA AVE
City-St-Zip: DAYTONA BEACH, FL 32114

Title: P () Delete
Name: LLOYD, JIM
Address: 354 N BEACH STREET
City-St-Zip: DAYTONA BEACH, FL 32114

Title: T () Delete
Name: HARSHAW, DAN
Address: 100 S. BEACH ST
City-St-Zip: DAYTONA BEACH, FL 32114

Title: D () Delete
Name: SMITH, ALVIN
Address: 154 S BEACH ST
City-St-Zip: DAYTONA BEACH, FL 32114

Title: D () Delete
Name: MCCARTHY, LISA
Address: 438 N BEACH STREET
City-St-Zip: DAYTONA BEACH, FL 32114

Title: D () Delete
Name: LIPTON, STACEY
Address: 140 N BEACH STREET
City-St-Zip: DAYTONA BEACH, FL 32114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES LLOYD

P

05/23/2006

Electronic Signature of Signing Officer or Director

Date