


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2007 8:00 am
Secretary of State

07-13-2007 90085 026 ****61.25

DOCUMENT # N04000002143 1. Entity Name DELTONA ART CLUB, INC.					
Principal Place of Business 3098 MAPLE SHADE ST DELTONA, FL 32738			Mailing Address 3098 MAPLE SHADE ST DELTONA, FL 32738		
2. Principal Place of Business - No P.O. Box # 1170 GLEN FALLS RD Suite, Apt. #, etc.		3. Mailing Address 1170 GLEN FALLS RD Suite, Apt. #, etc.			
City & State DELAND, FL Zip 32720 Country VOLUSIA		City & State DELAND, FL Zip 32720 Country VOLUSIA		4. FEI Number 56-2361130	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent FITCH, MARY A 3098 MAPLE SHADE ST DELTONA, FL 32738			7. Name and Address of New Registered Agent Name JOSEPH BEAULIEU Street Address (P.O. Box Number is Not Acceptable) 1170 GLEN FALLS RD. City DELAND FL 32720		
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 JOSEPH BEAULIEU , PRESIDENT <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE 7-9-07 <small>(NOTE: Registered Agent's signature required when re-starting)</small>	
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BEAULIEU, JOSEPH <input type="checkbox"/> Delete 1170 GLEN FALLS RD DELAND, FL 32720		TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOSEPH BEAULIEU <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1170 GLEN FALLS RD. DELAND, FL 32720	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARKOVITZ, RUTH <input checked="" type="checkbox"/> Delete 858 SWEETBRIAR DR DELTONA, FL 32725		TITLE NAME STREET ADDRESS CITY-ST-ZIP	WILLIAM EVANS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2540 RUSK CT. DELTONA, FL 32738	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LENBERG, MAUREEN <input checked="" type="checkbox"/> Delete 1071 E. GAUCHO CIRCLE DELTONA, FL 32725		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FITCH, MARY A <input checked="" type="checkbox"/> Delete 3098 MAPLE SHADE ST DELTONA, FL 32738		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Joseph Beaulieu <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 7-9-07 (386) 738-0388 <small>Date Daytime Phone</small>	
JOSEPH BEAULIEU					