*2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000002143

1. Entity Name
DELTONA ART CLUB, INC.



FILED Jan 31, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

1170 GLEN FALLS RD DELAND, FL 32720 1170 GLEN FALLS RD DELAND, FL 32720



DO NOT WRITE IN THIS SPACE

01192008 No Chg-NP

CR2E037 (4/06)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BEAULIEU, JOSEPH 1170 GLEN FALLS RD DELAND, FL 32720

DO NOT WRITE 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					
	Filing Fee is \$61.25 Due by May 1, 2008	Election Campaign Financ Trust Fund Contribution.	cing 🗆	\$5.00 May Be Added to Fees	U60000807404 02/07/08-80007-009 61.25
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BEAULIEU, JOSEPH 1710 GLEN FALLS RD DELAND, FL 32720	ECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V EVANS, WILLIAM 2540 RUSK CT DELTONA, FL 32738				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME		in.	•		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Fiorida 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:

STREET ADDRESS CITY+ST-ZIP

Joseph Beaulilu
MIGHATURE AND TYPED OR PRINTED NAME OF SKANING OFFICER OR DIRECTOR

1-26-08 386-138-038

Daytime Phone #

JOSEPH BEAULIEU