

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N06072** (5)

1. Corporation Name

**SEASIDE MUSIC THEATER, INC.**



Principal Place of Business

Mailing Address

901 6TH STREET  
P O BOX 2835  
DAYTONA BEACH FL 32120-2831  
US

901 6TH STREET  
P O BOX 2835  
DAYTONA BEACH FL 32120  
US

3. Date Incorporated or Qualified  
**11/08/1984**

3a. Date of Last Report  
**04/12/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

**59-2501526**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PALMETTO CHARTER SERVICES, INC.**  
**150 MAGNOLIA AVENUE**  
**DAYTONA BEACH FL 32015**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and, to be applicable,

(NOTE: Registered Agent's signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DAVIDSON, HERBERT M., JR.	
STREET ADDRESS	1608 N. OLEANDER AVE.	
CITY - ST - ZIP	DAYTONA BEACH FL	
TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	DAVIDSON, JOSEPHINE F.	
STREET ADDRESS	1608 N. OLEANDER AVE.	
CITY - ST - ZIP	DAYTONA BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KANEY, GEORGIA M.	
STREET ADDRESS	470 TRITON RD.	
CITY - ST - ZIP	ORMOND BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	TASD
33 STREET ADDRESS	Kaney, Georgia M.
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	VD
43 STREET ADDRESS	Truilo, Julia Davidson
44 CITY - ST - ZIP	901 Sixth Street Daytona Beach, FL. 32120
51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	SD
53 STREET ADDRESS	Davidson, Marc L.
54 CITY - ST - ZIP	901 Sixth Street Daytona Beach, FL. 32120
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Georgia M. Kaney

TASD

2-19-96

(904) 252-1511

Daytime Phone

CR2E037 (12/95)