

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N36990 (2)

1. Corporation Name

FLAGLER COUNTY COUNCIL FOR THE ARTS, INC.



Principal Place of Business

Mailing Address

P.O. BOX 352003
PALM COAST FL 32135

PO BOX 183
FLAGLER BEACH FL 32136
US

3. Date Incorporated or Qualified
03/08/1990

3a. Date of Last Report
03/02/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 **P.O. Box 352003**

22 City & State 27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip 25 Country

29 Zip 30 Country

24 **32135** 25 **US** 29 **32135** 30 **Flagler**

4. FEI Number
59-2954041

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

CORNELIUS-MERRICK, ALETA
P.O. BOX 352003
2017 N. DAYTONA AVE
FLAGLER BEACH FL 32136

81 Name **Valdin A. Lichter**

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

1 Commerce Blvd.

83

84 City **Palm Coast**

FL 85 Zip Code **32137**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME **LINDAS HIPPI**
STREET ADDRESS **1500 S. CENTRAL AVE**
CITY-ST-ZIP **FLAGLER BCH FL 32136**

TITLE VPD ☒ DELETE

NAME **VPD LICHTER, VAL**
STREET ADDRESS **45 ISLAND ESTATEA PKWY**
CITY-ST-ZIP **PALM COAST FL 32137**

TITLE VPD ☒ DELETE

NAME **MIKE DES PARTE**
STREET ADDRESS **21 MEDFORD DRIVE**
CITY-ST-ZIP **PALM COAST FL**

TITLE T ☒ DELETE

NAME **PALMERI, JOHN**
STREET ADDRESS **115 PINE STREET**
CITY-ST-ZIP **FLAGLER BCH FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PP** ☒ Change ☐ Addition

1.2 NAME **Valdin A. Lichter**
1.3 STREET ADDRESS **45 Island Estates Parkway**
1.4 CITY-ST-ZIP **Palm Coast, FL 32137**

2.1 TITLE **VPD** ☒ Change ☐ Addition

2.2 NAME **Mrs. Dorothy McKee**
2.3 STREET ADDRESS **P.O. Box 12288**
2.4 CITY-ST-ZIP **Flagler Beach, FL 32136**

3.1 TITLE **VPD** ☒ Change ☐ Addition

3.2 NAME **James Darby**
3.3 STREET ADDRESS **P.O. Box 1132**
3.4 CITY-ST-ZIP **Flagler Beach, FL 32136-1132**

4.1 TITLE **T** ☒ Change ☐ Addition

4.2 NAME **Ms. Eileen Mulgrew**
4.3 STREET ADDRESS **2 Chesney Ct.**
4.4 CITY-ST-ZIP **Palm Coast FL 32137**

5.1 TITLE **Recording Secretary** ☐ Change ☒ Addition

5.2 NAME **Ms. Kathleen O'Hara**
5.3 STREET ADDRESS **5 Cedar Point Dr.**
5.4 CITY-ST-ZIP **Palm Coast FL 32164**

6.1 TITLE **Corresponding Secretary** ☐ Change ☒ Addition

6.2 NAME **Ms. Isabel Wild**
6.3 STREET ADDRESS **62 Fairbank Lane**
6.4 CITY-ST-ZIP **Palm Coast, FL 32137**

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, as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)