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May 01 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

P.O. BOX 352003
PALM COAST FL 32135-2003
US



3. Date Incorporated or Qualified
03/08/1990

3a. Date of Last Report
04/22/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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

VALDIN A. LICHTER
1 COMMERCE BLVD
PALM COAST FL 32137

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/14/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME VALDIN A. LICHTER
STREET ADDRESS 45 ISLAND ESTATES PARKWAY
CITY - ST - ZIP PALM COAST FL

1.1 TITLE ☐ Change ☐ Addition

TITLE VPD ☒ DELETE

NAME MRS. DOROTHY MCKEE
STREET ADDRESS P.O. BOX 12288
CITY - ST - ZIP FLAGLER BEACH FL

2.1 TITLE ☐ Change ☒ Addition

TITLE VPD ☐ DELETE

NAME JAMES DARBY
STREET ADDRESS P.O. BOX 1132 / 1139 So. Flagler Ave.
CITY - ST - ZIP FLAGLER BEACH FL 32136

2.2 NAME MARY ELLEN RANDOLPH
2.3 STREET ADDRESS 193 BEACHWAY DR.
2.4 CITY - ST - ZIP Palm Coast, FL

TITLE T ☐ DELETE

NAME MS. EILEEN MULGREW
STREET ADDRESS 2 CHESNEY CT.
CITY - ST - ZIP PALM COAST FL

3.1 TITLE ☐ Change ☐ Addition

TITLE RS ☐ DELETE

NAME MS. KATHLEEN O'HARE
STREET ADDRESS 5 CEDAR POINT DR
CITY - ST - ZIP PALM COAST FL

3.2 NAME ☐ Change ☐ Addition

TITLE CS ☐ DELETE

NAME MS. ISABEL WILD
STREET ADDRESS 62 FAIRBANK LANE
CITY - ST - ZIP PALM COAST FL

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY - ST - ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY - ST - ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY - ST - ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Eileen G. Mulgrew* EILEEN G. MULGREW 3-31-97 904-445-8472
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 8002824

CR2E037 (9/96)