2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# N36990

Entity Name: FLAGLER COUNTY COUNCIL FOR THE ARTS, INC.

Current Principal Place of Business:

WICKLINE CENTER
800 S. DAYTONA AVE
FLAGLER BEACH, FL 32136

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1834
FLAGLER BEACH, FL 32136

New Mailing Address:

FEI Number: 59-2954041 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCIFO, JOHN H
31 BANBURY LANE
PALM COAST, FL 32137 US

Name and Address of New Registered Agent:

SCIFO, JOHN H
1489 PALM COAST LANE
PALM COAST, FL 32137 US

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.

SIGNATURE: _____ 04/30/2004
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: RANDOLPH, MARY E
Address: 1743 WINDSONG CIRCLE
City-St-Zip: FLAGLER BEACH, FL 32136

Title: VD ( ) Delete
Name: GANCI, JOE
Address: 51 WOODHOLLOW LN.
City-St-Zip: PALM COAST, FL 32164

Title: TD ( ) Delete
Name: SCIFO, JOHN M
Address: 31 BANBURY LANE
City-St-Zip: PALM COAST, FL 32137

Title: RSD ( ) Delete
Name: HIGH, DIANE
Address: 9 ANDOVER LANE
City-St-Zip: PALM COAST, FL 32137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN M SCIFO MR 04/30/2004
Electronic Signature of Signing Officer or Director — Date