

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 SEP - 5 09:09:2003 90021 047 ****61.25
N36990

DOCUMENT # N36990

1. Entity Name

FLAGLER COUNTY COUNCIL FOR THE ARTS, INC.



SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

WICKLINE CENTER
800 S. DAYTONA AVE
FLAGLER BEACH FL 32136

P.O. BOX 1834
FLAGLER BEACH FL 32136

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2954041

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LIVINGSTON, RUTH C
313 CYPRESS STREET
FLAGLER BEACH FL 32136

Name JOHN SCIED

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

31 BANBURY LANE

PAUM, COAST, FL 32137

City

FL

Zip Code

32137

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	DARBY, JAMES	
STREET ADDRESS	P.O. BOX 1132, 1839 S. FLAGLER AVENUE	
CITY-ST-ZIP	FLAGLER BEACH FL 32136	
TITLE	PD	<input type="checkbox"/> Delete
NAME	RANDOLPH, MARY ELLEN	
STREET ADDRESS	2320 SOUTH CENTRAL AVE	
CITY-ST-ZIP	FLAGLER BEACH FL 32136	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	LIVINGSTON, RUTH	
STREET ADDRESS	313 CYPRESS STREET	
CITY-ST-ZIP	FLAGLER BEACH FL 32136	
TITLE	RSD	<input checked="" type="checkbox"/> Delete
NAME	BRAXTON, OLIVIA	
STREET ADDRESS	183 BIRD OF PARADISE DRIVE	
CITY-ST-ZIP	PAUM COAST FL 32137	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARY E. RANDOLPH	
STREET ADDRESS	1748 WINDSONG CIRCLE	
CITY-ST-ZIP	FLAGLER BEACH, FL 32136	
TITLE	1ST VP-D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOE GANCI	
STREET ADDRESS	51 WOOD HOLLOW LN	
CITY-ST-ZIP	PAUM COAST, FL 32134	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN SCIED	
STREET ADDRESS	31 BANBURY LANE	
CITY-ST-ZIP	PAUM COAST, FL 32137	
TITLE	RS-D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIANE HIGH	
STREET ADDRESS	9 ANDOVER LANE	
CITY-ST-ZIP	PAUM COAST, FL 32137	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/8/03

CR2E037 (4/03)