FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # N43041 (5)

1. Corporation Name

DAYTONA BEACH SHORES COMMITTEE FOR ARTS AND ENTE RTAINMENT, INC.

Principal Place of Business
2025 S ATLANTIC AVE
P.O. BOX 7124
DAYTONA BCH.SHORES FL 32116-4124

Mailing Address
2025 S ATLANTIC AVE
P.O. BOX 7124
DAYTONA BCH.SHORES FL 32116-4124

3. Date Incorporated or Qualified: 04/18/1991
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3066565 — Applied For / Not Applicable

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ROBERTS, MARGARET T
1020 VOLUSIA AVE
DAYTONA BEACH FL 32114

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	DAVIS, BOB	1.2 NAME	
STREET ADDRESS	1912 S PENINSULA DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BCH FL	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	☐ Change ☐ Addition
NAME	NEEDHAM, HAROLD	2.2 NAME	
STREET ADDRESS	3 OCEANS WEST BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BCH. SHORES FL	2.4 CITY-ST-ZIP	
TITLE	DT	3.1 TITLE	☑ Change ☐ Addition
NAME	WOODARD, NANCY	3.2 NAME	
STREET ADDRESS	1604 OCEAN DUNES TERR	3.3 STREET ADDRESS	6097 CROSSBOW LN.
CITY-ST-ZIP	DAYTONA BCH FL	3.4 CITY-ST-ZIP	PT. ORANGE FL 32124
TITLE	DS	4.1 TITLE	☐ Change ☐ Addition
NAME	JANISAITIS, RUTH	4.2 NAME	
STREET ADDRESS	4 BAGGETT CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PONCE INLET FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: Nancy R Woodard — NANCY R WOODARD — 4-25-95 — 904-760-2603
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0024414