

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43077

FILED
Jan 20, 2009
Secretary of State

Entity Name: CINEMATIQUE OF DAYTONA, INC.

Current Principal Place of Business:

P. O. BOX 1105
DAYTONA BEACH, FL 32115

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 1105
DAYTONA BEACH, FL 32115

New Mailing Address:

FEI Number: 59-3056941

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIDDENDORF, MARILYN
1069 OAK FOREST CIR
PORT ORANGE, FL 32129 US

Name and Address of New Registered Agent:

SCHLIEPER, ANGELIKA M MRS
23 SEAFARING PATH
PALM COAST, FL 32164 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: ANGELIKA M. SCHLIEPER

01/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: MIDDENDORF, MARILYN
Address: 1069 OAK FOREST CIRCLEI
City-St-Zip: PORT ORANGE, FL 321294173

Title: PRES () Delete
Name: MASON-TEAGUE, STEPHANIE MRS
Address: 170 ORCHARD LANE
City-St-Zip: ORMOND BEACH, FL 32176

Title: VP () Delete
Name: MALONEY-JOHNSON, KATHY MS
Address: 210 SEMINOLE AVE
City-St-Zip: ORMOND BEACH, FL 32176

Title: SEC. () Delete
Name: SCHLIEPER, REINHOLD MR.
Address: 23 SEAFARING PATH
City-St-Zip: PALM COAST, FL 32164

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: SCHLIEPER, ANGELIKA M MRS
Address: 23 SEAFARING PATH
City-St-Zip: PALM COAST, FL 32164

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 exemption stated in Chapter 119, 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: ANGELIKA M. SCHLIEPER

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01/20/2009

Electronic Signature of Signing Officer or Director

Date